



DOVER VETERINARY HOSPITAL

CLIENT REGISTRATION

Kristin L. Rennie, DVM, CVA
Lee Spyridakis, DVM, DACVIM

Samantha LaClair, DVM
Devin McCarthy, DVM

Client Information

Guardian's Name _____

Spouse / Co-Guardian _____

Street Address _____ City, State _____ Zip _____

Mailing Address (if different) _____ City, State _____ Zip _____

Employer _____ Occupation _____

Home Phone _____ Cell # _____ Work # _____

Email _____

Driver's License # _____ State _____

Are you in the military? _____ Branch _____

When your pet is due for vaccines/treatment, would you like: Email reminders Postcard reminders

How did you hear about our hospital? _____

I give Dover Veterinary Hospital authorization to use photos of me and/or my pet for purposes including, but not limited to, social media and marketing. YES! NO, thank you.

Patient Information



Pet's Name _____ Species _____

Breed _____ Color _____ Birthdate _____ Weight _____

Male Male/Neutered Female Female/Spayed

Current Veterinarian _____ City/State _____

Referred by (if applicable) _____

Guardian's signature _____ Date _____

Payment information: All fees incurred at Dover Veterinary Hospital are to be paid at the time services are rendered. (Upon hospitalization, a 50% prepayment is required at the time of admittance and the balance is due when your pet is discharged).