



SOUTHERN HILLS ANIMAL HOSPITAL

6545 S. Fort Apache Road #150
Las Vegas, Nevada 89148

Phone: 702-586-1300
Fax: 702-586-0770

southernhillsah@gmail.com
www.southernhillsah.com

New Client Registration

Welcome to Southern Hills Animal Hospital where clients and patients are part of our family!!!

Client Information

Owner Name:	Co-Owner Name:		
Mailing Address:			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Primary Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other	Alternative Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other		
Email:	Would you like to receive appointment reminders, hospital newsletters, etc. via email? [Yes] [No]		
Employer & Occupation:	Work Phone Number:		
How did you hear about us?			
<input type="checkbox"/> Street Sign <input type="checkbox"/> Walk-In <input type="checkbox"/> Facebook <input type="checkbox"/> Google <input type="checkbox"/> Yelp <input type="checkbox"/> Mailer <input type="checkbox"/> Website <input type="checkbox"/> Advertisement			
<input type="checkbox"/> Other _____ <input type="checkbox"/> Word of Mouth – Who may we thank? _____			

Previous Veterinary Clinic(s) (So that we may obtain your animal's records)

Patient Information

Pet's Name:	Date of Birth/Estimate Age:
Species: Dog Cat Small Mammal	Breed: Color/Markings:
Sex: (Male) (Female) Spayed/Neutered? [Yes] [No]	Any known allergies or medical problems?

Pet's Name:	Date of Birth/Estimate Age:
Species: Dog Cat Small Mammal	Breed: Color/Markings:
Sex: (Male) (Female) Spayed/Neutered? [Yes] [No]	Any known allergies or medical problems?

Please see next page for consent form ➡