

Frenship Vet Clinic
Steve L. Stephens, D.V.M.
202 E Hwy 62, Wolfforth, TX 79382
806-866-2838

New Patient Registration

Your Name _____ Spouse's Name _____

Address _____

City _____ State _____ Zip Code _____

Home # _____ Cell # _____ Work # _____
(Please circle your primary phone #)

How did you hear about us? _____ Referred? Name of friend? _____

*email _____

*Please enroll me as a registered member of the hospital website: YES No

As a registered member I will be able to:

>Check pets' vaccinations status >Request appointments/boarding >Purchase medication/food refills >Make better decisions about pets' health & well-being >Discover ways to help your pet live a longer & healthier life >Inform if pet is lost/deceased >Notify of address change

*Please subscribe me to the FREE Pet Living & Wellness Newsletter: YES No

Topics of Interest: Dogs Cats Horses Birds Reptiles Rodents
 Dr/Member Announcement

Please note: Your privacy is important to us.
All information received in all forms and through other communications is subject to our [Patient Privacy Policy](#).

PET INFORMATION

Pet's Name _____ Age/DOB _____

Breed _____ Dog / Cat / Other _____ Color _____

Male / Female / Male Neutered / Female Spayed

Pet's Name _____ Age/DOB _____

Breed _____ Dog / Cat / Other _____ Color _____

Male / Female / Male Neutered / Female Spayed

Pet's Name _____ Age/DOB _____

Breed _____ Dog / Cat / Other _____ Color _____

Male / Female / Male Neutered / Female Spayed

All payments are due at the time of services rendered.

We accept cash, checks, major credit cards, & Care Credit which can be approved in as little as 10 minutes.
I have read and understand the above statements and agree to all terms therein.

Signature: _____ Date: _____