

**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: \_\_\_\_\_