



# Overton Veterinary Services

75348 Road 440 Lexington, NE 68850

Roy Gehrt DVM, Lance Kizer DVM, John Lawton DVM, Jared Walahoski DVM, Eliot Linsenmeyer DVM

## New Patient Registration Form

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Please note: Your information is important to us. All information received in all form and through all communications is subject to our Patient Privacy Policy.

### Pet Information

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_

Breed \_\_\_\_\_ Male \_\_\_\_\_ Male/Neuter \_\_\_\_\_ Female \_\_\_\_\_ Female/Spay \_\_\_\_\_

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_

Breed \_\_\_\_\_ Male \_\_\_\_\_ Male/Neuter \_\_\_\_\_ Female \_\_\_\_\_ Female/Spay \_\_\_\_\_

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_

Breed \_\_\_\_\_ Male \_\_\_\_\_ Male/Neuter \_\_\_\_\_ Female \_\_\_\_\_ Female/Spay \_\_\_\_\_

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_

Breed \_\_\_\_\_ Male \_\_\_\_\_ Male/Neuter \_\_\_\_\_ Female \_\_\_\_\_ Female/Spay \_\_\_\_\_

#### ALL PAYMENTS ARE DUE AT THE TIME OF SERVICES RENDERED

We accept cash, checks, all major credit cards, and 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: \_\_\_\_\_