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David M. Walker, DVM
Susan J. Novak, DVM
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New Client Registration

Owner Information

First Name	Last Name	Social Security Number*
Address		Driver's License Number*
City	State	Zip
Home Telephone Number		Place of Work
		Work Telephone Number
		Spouse

Pet Information

* information necessary for privilege of using a check.

Pet Name	Sex	Spayed/Neutered	Birth Date	Species (Dog, Cat, etc.)	Color	Breed

On-Going Health Problems

Please list any of your pet's on-going health problems:

Pet's Name	Problems

Heartworm Preventative

Is your pet on Heartworm Preventative? It is needed by both dogs and cats.

Pet's Name	Yes	No

E-mail Address

E-mail:

An e-mail address is required to use your Pet Portal, an easy way to check your pet's reminders and request prescriptions.

Previous Veterinarian

Name	Address
Telephone Number	City
	State
	Zip

Medical records were provided: **Yes** **NO**

We accept cash, Visa and MasterCard and personal check with current NCDL# and SS# Provided.
I understand that payment is required the day services are performed.

Signature _____ Date _____

How did you learn about Armadale? _____