



Dr. Rikia Park 2220 Sun Ranch Village Loop Los Lunas,  
New Mexico 87031 (505) 866-0100

**REGISTRATION FORM**

Date: \_\_\_\_\_

Owners Name: \_\_\_\_\_  
Last First MI

Spouse/Partner: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone Number

Pet Name	Species	Breed	Color	Gender	Age	Spay/Neuter

**ALL FEES ARE DUE AT TIME OF SERVICE**

**Please circle your preferred method of payment.**

**We DO NOT accept checks.**

**Cash**

**Visa**

**MasterCard**

**Care Credit**

**If for any reason, this account must be placed into the hands of an attorney for collection, I agree to pay ALL reasonable legal fees.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_