

CLIENT REGISTRATION FORM

Please check one: New Client Current Client New Pet

Name: _____
Last First Middle Initial

Address: _____
Street City, State, Zip Code

SS No: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Spouse or Co-Owner's Name: _____

Employer: _____ Work Phone: _____

How did you hear of us? _____ Person you spoke with: _____
(Saw sign, friend/family – person's name, yellow pages, newspaper, other)

Email: _____

PET NO. 1

PET NO. 2

Name: _____

Name: _____

Birth Date: _____

Birth Date: _____

Species: Dog Cat Other: _____

Species: Dog Cat Other: _____

Breed: _____ Sex: _____

Breed: _____ Sex: _____

Color: _____ Spayed/Neutered? _____

Color: _____ Spayed/Neutered? _____

Date Last Vaccination: _____

Date Last Vaccination: _____

Last Rabies Vaccination: _____

Last Rabies Vaccination: _____

Where Obtained: _____

Where Obtained: _____

Any Long Term Problems: _____

Any Long Term Problems: _____

Current Medications, if any: _____

Current Medications, if any: _____

Reason for visit: _____

List name and type of any other pets you own: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I assume responsibility for all charges incurred in the care of the animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for hospital treatment.

Signature of Owner or Agent: _____ Date: _____

Method of Payment: Cash MC/VISA Discover CareCredit