

Client Registration

Owner: _____ Co-Owner / Spouse: _____
(Last) (First) (Last) (First)

Address: _____
(Street) (City, State, Zip)

Home Phone: (____) ____ - _____

Work Phone: (____) ____ - _____ May we call you at work? ___ Yes ___ No

Cell Phone: (____) ____ - _____

Co-Owner's Work Phone: (____) ____ - _____ Co-Owner's Cell Phone: (____) ____ - _____

Email address: _____

How did you hear of us? _____ (If recommendation, please give person's name)

Occupation: _____

Employer's Name and Address: _____

In case of EMERGENCY, please contact: _____ Phone: (____) ____ - _____

Previous Veterinary Clinic _____

Do you have a large animal (farm) account with us? ___ Yes ___ No

Pet Information

Pet's Name: _____ Dog ___ Cat ___ Breed: _____

Male ___ Female ___ Neutered ___ Spayed ___ Color: _____

Birth Date: ___/___/___ or Approximate Age _____

Acquired Pet From: _____

Pet's Name: _____ Dog ___ Cat ___ Breed: _____

Male ___ Female ___ Neutered ___ Spayed ___ Color: _____

Birth Date: ___/___/___ or Approximate Age _____

Acquired Pet From: _____

(Please continue additional animals on back of form →)

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat my pets. I assume responsibility for all charges incurred in the care of these animals. I also understand that these charges will be paid at the time of service and that a deposit may be required for hospitalized or surgical procedures.

Signature of Owner _____ Date: ___/___/___