CLIENT REGISTRATION FORM

Please Check One: ❒ New Client ❒ Current Client - New Pet

Name _____
Last First Middle Initial

Mailing Address _____
Street City, State Zip Code

Home Address _____
Street City, State Zip Code

SS No. _____ Phone No. _____ Emergency No. _____

Employer _____ Work Phone _____

Spouse or Co-Owner's Name _____

Employer _____ Work Phone _____

How did you first hear of us? _____
(Person's Name, Yellow Pages, Sign, Newspaper, Other)

PET NO. 1

Name _____

Birth Date (approx.) _____

Species ❒ Cat ❒ Dog Other _____

Breed _____ Color _____ Sex ____

Neutered? _____ Date _____

Date Last Vaccination _____

Last Rabies Vaccination _____

Where Shots Obtained _____

Any Long-Term Problems _____

_____

Current Medications, if any _____

_____

PET NO. 2

Name _____

Birth Date (approx.) _____

Species ❒ Cat ❒ Dog Other _____

Breed _____ Color _____ Sex ____

Neutered? _____ Date _____

Date Last Vaccination _____

Last Rabies Vaccination _____

Where Shots Obtained _____

Any Long-Term Problems _____

_____

Current Medications, if any _____

_____

Reason for visit _____

_____

_____

_____

List names and types 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 this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner or Agent _____ Date _____

Method of Payment: ❒ Cash ❒ Check ❒ Visa/MasterCard