Account #: _____

Date: _____

Client Registration Form

Owner's Name _____ Spouse _____/Other_____

Address _____ City _____ State _____ Zip _____

Home: (_____) _____-_____ Cell: (_____) _____-_____ Email_____

In case of emergency, call _____ at (_____) _____-_____

Pet Information

Name: _____ Species: (circle one): Dog   Cat   Rabbit   Other

Breed: _____ Color: _____

Sex (circle one):   Male   Female   Neutered   Spayed

Date of Birth: _____ Date Neutered/Spayed: _____

Reason for Visit: _____

Previous veterinarian where records may be obtained if necessary:

Doctor/Hospital: _____ Phone: (_____) _____-_____

Has your pet been treated for any illness in the past year?   Yes _____ No _____

Do you have Pet Insurance? Yes ___ No ___ Insurance Company _____

I assume responsibility for all charges incurred in the care of this animal. A written estimate of charges will be provided upon request. **FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**. A deposit may be required for inpatient treatment and/or surgery.

HOSPITAL CANCELLATION POLICY: *There will be a $99 fee for no shows and for appointments that are not canceled within 24 hours. The fee will be charged to your account and will need to be paid before you can make another appointment. This has been put in place due to many last minute cancellations that are impossible to fill. We have a long wait list of clients and try our best to service everyone.*

Please complete the following:

Driver's License #: _____ State: _____DOB:_____

Visa/MC/Amex/Discover/Care Credit#_____ Exp:_____ CVV:_____

HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

*Signature: Owner or responsible party: _____