

Account #: _____

Date: _____

Client Registration Form

Owner's Name _____ Spouse ___/Other _____

Address _____ City _____ State _____ Zip _____

Telephone: Home: (____) ____-____ Work: (____) ____-____

Cell: (____) ____-____ Email: _____

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

Pet Information

Name: _____ Species: (circle one): Dog Cat 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 ___

Specify problem(s), medication and dosage, if known: _____

How did you first hear of us? _____

Names & types of any other animals you own: _____

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.

Please complete the following:

Major credit card # _____ Exp: _____

Driver's License #: _____ State: _____

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: _____