

# 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. \_\_\_\_\_ Phone No. \_\_\_\_\_ Emergency No. \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Suppose 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

## PET NO. 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Species:  Cat.  Dog Color: \_\_\_\_\_

Species:  Cat.  Dog Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Neutered? \_\_\_\_\_ Date: \_\_\_\_\_

Neutered? \_\_\_\_\_ Date: \_\_\_\_\_

Date Last Vaccination: \_\_\_\_\_

Date Last Vaccination: \_\_\_\_\_

Last Rabies Vaccination: \_\_\_\_\_

Last Rabies Vaccination: \_\_\_\_\_

Where Shots Obtained: \_\_\_\_\_

Where Shots Obtained: \_\_\_\_\_

Any Long-Term Problems: \_\_\_\_\_

Any Long-Term Problems: \_\_\_\_\_

Current Medications, if any: \_\_\_\_\_

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  MC/VISA  Discover

