

# 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 No.: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse or Co-Owner: \_\_\_\_\_

Employer Work No.: \_\_\_\_\_

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 / Age:		Color:	Birth Date / Age:		Color:
Species: Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other:			Species: Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other:		
Breed:			Breed:		
Sex (Circle One)	Male	Male Castrated	Sex (Circle One)	Male	Male Castrated
	Female	Female Spayed		Female	Female Spayed
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:		
Currently on Heartworm Prevention: Yes <input type="checkbox"/> No <input type="checkbox"/>			Currently on Heartworm Prevention: Yes <input type="checkbox"/> No <input type="checkbox"/>		
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  Credit Card