

# 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 \_\_\_\_\_

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 \_\_\_\_\_

Species:  Cat  Dog Other \_\_\_\_\_

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

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

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

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

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

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

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

Reason for visit \_\_\_\_\_

## PET NO. 2

Name \_\_\_\_\_

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

Species:  Cat  Dog Other \_\_\_\_\_

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

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

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

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

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

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

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

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