

PETCARE

HOSPITAL AND WELLNESS CENTER

That's Nuts - Client Registration Form

Owner Name _____ File # _____
 Address _____
 City _____ Zip Code _____
 Home Phone # _____ Cell # _____
 Spouse or Co-Owner's name _____
 Work # _____ Cell # _____
 E-mail Address _____
 Emergency Contact _____ Phone # _____

PET HEALTH HISTORY	OPTIONAL SERVICES
Patient Name _____	<input type="checkbox"/> Pre-op bloodwork \$77.88
Cat Male - Breed _____	<input type="checkbox"/> Microchip \$43.00
Birth Date _____ Color _____	<input type="checkbox"/> Rabies vaccine \$25.00
Date Last Vaccinated _____	<input type="checkbox"/> FRVCPC vaccine \$20.00
Veterinarian Name _____	<input type="checkbox"/> FELV vaccine \$23.00
City _____ State _____	<input type="checkbox"/> FELV / FIV Test \$50.00 recommended
Phone # _____	
Long Term Conditions _____	
Current Medications _____	
_____	Please check boxes for services wish us to complete during your pets procedure.

Pre-op bloodwork must be completed no later than Thursday, April 14th 2016.
 Registration form must be completed and returned to us before Friday, April 8th 2016.

AUTHORIZATION
<i>I hereby authorize the Veterinarian to examine, treat and prescribe for the pet(s) listed.</i> <input type="checkbox"/> <i>I assume responsibility for all charges incurred in the care of the animal</i> <input type="checkbox"/> <i>I also understand that these charges will be paid for at the time of visit and prior to release. We accept Visa, MasterCard, Debit Card or Cash. Personal checks not accepted.</i>

Client Signature _____ Date _____