

# CLIENT REGISTRATION FORM

Please Check One:  New Client  Current Client New Pet  New Address

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State Zip Code

SS No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Emer. No.: \_\_\_\_\_  
or Driver's License Number

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

Spouse or Co-Owner's Name: \_\_\_\_\_

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

How did you first hear of us? \_\_\_\_\_

Owner's Date of Birth \_\_\_\_\_

## PET NO. 1

## PET NO. 2

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

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

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

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

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

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

Neutered or Spayed?: \_\_\_\_\_

Neutered or Spayed?: \_\_\_\_\_

Date of last Vaccinations: \_\_\_\_\_

Date of last Vaccinations: \_\_\_\_\_

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

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

Where were shots obtained?: \_\_\_\_\_

Where were shots obtained?: \_\_\_\_\_

Any long term conditions?: \_\_\_\_\_

Any long term conditions?: \_\_\_\_\_

Current Med.: \_\_\_\_\_

Current Med.: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

List names and types of other pets you own: \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat, the 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.

I hereby grant the veterinarian the right to retain possession of the described pet(s) until such time as payment is made in full on the account or satisfactory payment arrangements are made. In addition, I acknowledge that I shall be liable for any and all expenses associated with boarding the pet(s) until payment has been made.

In the event that my account is turned over for collection, I understand that I will be responsible for any and all costs of collection, including attorney's fees, interest and court costs.

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Method of payment:  Cash  Check  MasterCharge/VISA