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 _____	☐ Pre-op bloodwork	$77.88
Cat Male - Breed _____	☐ Microchip	$43.00
Birth Date _____Color_____	☐ Rabies vaccine	$25.00
Date Last Vaccinated _____	☐ FRVCPC vaccine	$20.00
Veterinarian Name _____	☐ FELV vaccine	$23.00
City _____ State _____	☐ FELV / FIV Test	$50.00 recommended
Phone # _____		
Long Term Conditions _____ _____	Please check boxes for services wish us to complete during your pets procedure.	
Current Medications _____ _____		

Pre-op bloodwork must be completed no later than Thursday, October 20th 2016.
Registration form must be completed and returned to us before Friday October 21st 2016.

AUTHORIZATION

I hereby authorize the Veterinarian to examine, treat and prescribe for the pet(s) listed.
☐ *I assume responsibility for all charges incurred in the care of the animal*
☐ *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.*

Client Signature _____ _____ Date_____