

ERVC Client Registration Form

We're glad you're here!

Date: _____ E-mail _____

Owner's Name _____ Spouse/Co-Owner _____

Address _____ City _____

State/Zip _____ Driver's License# or SSN# _____

COUNTY/CITY WHERE YOU RESIDE: _____

Phone No. _____ Cell Phone No. _____

Employer _____ Work No. _____

Emergency Contact Person _____ Emergency No. _____

How did you first hear of us? _____

(Person's Name, Yellow Pages, Sign, Other)

My Pets

Pet's Name _____
Birth Date _____
Breed _____ Sex _____
Spayed/Neutered _____ Date _____
Color _____
Date last vaccination _____
Where _____
Any Long-term Problems _____

Current Medications _____

Pet's Name _____
Birth Date _____
Breed _____ Sex _____
Spayed/Neutered _____ Date _____
Color _____
Date last vaccination _____
Where _____
Any Long-term Problems _____

Current Medications _____

Authorization Agreement

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet (s). I am the legal owner/agent of this pet, and assume responsibility for all charges incurred in the care of this animal. I also understand that all charges must be paid at the time of release and that a deposit may be required for surgical or hospitalized patients. Estimates will be provided, but I understand these are estimates only and the final bill may be more or less than that stated. I understand that no treatment will occur without my full knowledge and consent except in emergency situations, or as otherwise stated.

Signature _____

Method of payment: Cash ____ Check ____ Visa ____ Mastercard ____