



Client Registration

Owner _____
Last First Middle Initial

Spouse/ Co-Owner _____
Last First Middle Initial

Address _____
Street Apt. # City, State, Zip Code

Phone Numbers:

Name _____ **Primary** (Home / Cell) _____

Secondary (Home / Cell / Work) _____

Name _____ **Primary** (Home / Cell) _____

Secondary (Home / Cell / Work) _____

Employer _____ Phone# _____ Student? ___ Where? _____ Senior(65+) _____

Email address (for patient reminders) _____

How did you first hear about us? _____

ex: Person's Name, Yellow Pages - (Vet pages or Boarding page), Outdoor Sign, Coupon Ad, Internet, Local Humane Society etc.

Pet No. 1	Pet No.2
Name _____	Name _____
Birth Date/ Age _____	Birth Date/ Age _____
Species: Cat Dog Other _____	Species: Cat Dog Other _____
Male / Female _____ Neutered/ Spayed _____	Male/ Female _____ Neutered/ Spayed _____
Breed _____	Breed _____
Color/ Markings _____	Color/ Markings _____
Micro chipped Yes No. _____	Micro chipped Yes No. _____
Date Last Vaccinated _____	Date Last Vaccinated _____
Last Rabies Vaccination _____	Last Rabies Vaccination _____
Where Shots Obtained _____	Where Shots Obtained _____
Any Long-Term Problems _____	Any Long-Term Problems _____
_____	_____
Current Medications, if any _____	Current Medications, if any _____
_____	_____

Reason for visit _____

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. If any amount becomes delinquent and it is necessary to refer the matter to a collection agency or an attorney or if a suit is filed, I agree to pay all collection costs, court costs, attorney fees, and interest/finance charges in addition to the amount owed.

Signature of Owner / Agent _____ **Date** _____
(Must be at least 18 years of age)