

# Rocky Ridge Animal Clinic

## Client and Patient Registration Form

### Client Information - please print

Owner: Dr. /Mr. / Mrs. /Ms. (circle one) \_\_\_\_\_

Spouse / Boy/Girlfriend / Fiancée (circle one) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone 1 \_\_\_\_\_ Cell Phone 2 \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ DOB \_\_\_\_\_

Email Address \_\_\_\_\_

How did you find us? **Please Circle One** Location / Yellow Pages / Yellow Book / Our Sign / Referral Who may we thank for your referral? \_\_\_\_\_

**Payment is expected when services are rendered. Terms include cash, check, Visa, Mastercard, and Discover. There will be a fee of \$30.00 added for any returned checks. All balances will be turned over for collection after 60 days.**

\_\_\_\_\_  
Signature Date

### Patient Information - please print

1. Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_

Sex: female / spayed male / neutered DOB \_\_\_\_\_ Color \_\_\_\_\_

2. Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_

Sex: female / spayed male / neutered DOB \_\_\_\_\_ Color \_\_\_\_\_

Name of last veterinary clinic \_\_\_\_\_ Phone \_\_\_\_\_

State \_\_\_\_\_ Date of last vaccines \_\_\_\_\_ Is your dog on Heartworm prevention? Yes / No

**For the safety of your pet and others, all animals MUST be current on vaccinations upon entering the kennel. If we cannot verify vaccines at another clinic, they will be administered. We require annual Rabies, Distemper/Parvo, Leptospirosis, and bi-annual Kennel Cough and Intestinal Parasite Screening.**

\_\_\_\_\_  
Signature Date