



## Client Registration

**Name** \_\_\_\_\_  
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? \_\_\_\_\_

**Email address** (for patient reminders) \_\_\_\_\_

**How did you first hear about us?** \_\_\_\_\_

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: <input type="checkbox"/> Cat <input type="checkbox"/> Dog Other _____	Species: <input type="checkbox"/> Cat <input type="checkbox"/> Dog Other _____
Male / Female _____ Neutered/ Spayed _____	Male/ Female _____ Neutered/ Spayed _____
Breed _____	Breed _____
Color/ Markings _____	Color/ Markings _____
Micro chipped <input type="checkbox"/> Yes No. _____	Micro chipped <input type="checkbox"/> 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 _____
_____	_____
<b>Reason for visit</b> _____	

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)