



Client Registration

Name _____
Last First Middle Initial

Spouse/ Co-Owner _____
Last First Middle Initial

Address _____
Street City, State, Zip Code

Phone Number:

Name _____ Home _____ Cell _____ Work _____

Name _____ Home _____ Cell _____ Work _____

Employer _____ Are you a student? _____ Where? _____

Email address _____

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 _____

Birth Date/ Age _____

Species: Cat Dog Other _____

Male / Female _____ Neutered/ Spayed _____

Breed _____

Color/ Markings _____

Micro chipped Yes No. _____

Date Last Vaccinated _____

Last Rabies Vaccination _____

Where Shots Obtained _____

Any Long-Term Problems _____

Current Medications, if any _____

Reason for visit _____

Name _____

Birth Date/ Age _____

Species: Cat Dog Other _____

Male/ Female _____ Neutered/ Spayed _____

Breed _____

Color/ Markings _____

Micro chipped Yes No. _____

Date Last Vaccinated _____

Last Rabies Vaccination _____

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Current Medications, if any _____

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 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)