

**CLIENT REGISTRATION FORM**

<b>CLIENT INFORMATION (PLEASE PRINT)</b>			
NAME	LAST	FIRST	MIDDLE
ADDRESS		CITY	STATE ZIP
EMAIL	OWNER'S BIRTHDATE		
HOME PHONE	CELL PHONE	WORK PHONE	
EMPLOYER	OCCUPATION		
SPOUSE'S NAME	LAST	FIRST	MIDDLE
HOME PHONE	CELL PHONE	WORK PHONE	
Who besides yourself is allowed to make decisions about the health of your pet(s)			
Best time to call you about your pet? Morning ( ) Afternoon ( ) Evening ( ) What phone number?			
How did you first hear about us?			
I will pay today by: Cash ( ) Check ( ) Visa ( ) Mastercard ( ) Discover ( ) Care Credit ( )			
<b>PATIENT INFORMATION (PLEASE PRINT)</b>			
<b>Pet #1</b>	NAME	DOG	CAT OTHER (SPECIFY)
BREED	MALE ( ) NEUTERED ( )	FEMALE ( ) SPAYED ( )	AGE BIRTHDATE
MEDICATIONS CURRENTLY TAKING: VACCINATIONS CURRENT? WHERE OBTAINED? YES ( ) NO ( )			
Any long term health problems?		Allergic reactions?	
Reason for visit?			
<b>Pet #2</b>	NAME	DOG	CAT OTHER (SPECIFY)
BREED	MALE ( ) NEUTERED ( )	FEMALE ( ) SPAYED ( )	AGE BIRTHDATE
MEDICATIONS CURRENTLY TAKING: VACCINATIONS CURRENT? WHERE OBTAINED? YES ( ) NO ( )			
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 (these) animal(s). I also understand these charges will be paid at the time of release and that a deposit may be required for hospitalization.

**Signature of Owner or Agent** \_\_\_\_\_ **Date** \_\_\_\_\_