**********CLIENT REGISTRATION FORM**********

Please Check One [ ] New Client [ ]Current Client – New Pet

Name: _____
Last First MI

Address: _____
Street Apt, Suite City, State, Zip

TDL:_____ Cell/Main:_____Alt. Number:_____

Employer:_____Work Phone:_____

Spouse/Co-Owner's Name:_____Cell/Main:_____

Employer:_____Work Phone:_____

How did you hear about our practice?_____
(Client's name, Yellow Pages, Internet, Advertisement, Other)

PET NO 1

Name:_____

Species: [ ] Cat [ ] Dog [ ]Other_____
Breed:_____
Color: _____

Birth Date:_____

Male or Female
Neutered? [ ]Yes [ ]No Date?_____

Date of last vaccinations: Rabies_____
Distemper_____Other_____
Name/Phone # of Clinic where shots were given:
_____

Any Long Term Problems?_____
_____
Current Medications, If Any?_____
_____

PET NO 2

Name:_____

Species: [ ] Cat [ ] Dog [ ]Other_____
Breed:_____
Color: _____

Birth Date:_____

Male or Female
Neutered? [ ]Yes [ ]No Date?_____

Date of last vaccinations: Rabies_____
Distemper_____Other_____
Name/Phone # of Clinic where shots were given:
_____

Any Long Term Problems?_____
_____
Current Medications, If Any?_____
_____

Reason for visit?_____
_____
_____

I hereby authorize the veterinarian to examine, prescribe and treat the above described pets. 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 treatment.

All animals must be picked up before 5:30 (Monday-Friday) or 12pm (Saturday), if not your pet will be boarded overnight at your expense, or a late charge of $25.00 will be added to your invoice.

Signature of Owner/Agent:_____ Date:_____