

## CLIENT REGISTRATION FORM

### Client Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse or Co-Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

County: \_\_\_\_\_ Home Ph:(\_\_\_\_) \_\_\_\_\_ Work Ph:(\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Referred by: \_\_\_\_\_

### Pet Information

Pet's Name: \_\_\_\_\_ Species: Canine / Feline / Equine / Other \_\_\_\_\_

Breed: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sex: \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_ At what age? \_\_\_\_\_

Color: \_\_\_\_\_ microchip # \_\_\_\_\_

What do you feed your pet? \_\_\_\_\_

Current medications: \_\_\_\_\_

### Pet Information

Pet's Name: \_\_\_\_\_ Species: Canine / Feline / Equine / Other \_\_\_\_\_

Breed: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sex: \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_ At what age? \_\_\_\_\_

Color: \_\_\_\_\_ microchip # \_\_\_\_\_

What do you feed your pet? \_\_\_\_\_

Current medications: \_\_\_\_\_

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 are due at time of release and that a deposit may be required for surgical or in-hospital treatment.

Do you authorize the release of your pets' medical records to other medical facilities if needed? Y / N

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