

NEW CLIENT REGISTRATION FORM

Please Check One:

New Client

Current Client Update

Name _____
Last First Middle

Address _____
Street City, State, Zip Code

Home # _____ Cellular # _____ Will you allow texts from us? _____

Spouse or Co-Owner's Name: _____ Contact # _____

Email address: _____

How did you hear about us? _____

Pet No. 1

Name _____

Birthdate _____

Cat Dog Color _____

Breed _____ Male Female

Has your pet been neutered/spayed? _____

When were last vaccines done? _____

Where were vaccines done? _____

Current Medications, if any _____

Reason for visit _____

Pet No. 2

Name _____

Birthdate _____

Cat Dog Color _____

Breed _____ Male Female

Has your pet been neutered/spayed? _____

When were last vaccines done? _____

Where were vaccines done? _____

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 to hospitalize pet and/or surgical treatment.

Signature of Owner _____ Date _____

Method of Payment: Cash Check MC Visa AMX DS Care Credit