



CLIENT REGISTRATION FORM

Name (Last) _____ (First) _____ (MI) _____

Address _____ (City, State) _____ Zip _____

Apt. No. _____ Phone No. _____ Cell No. _____

Emergency Number _____ Email _____

Employer _____ Work Phone _____

Spouse or Co-owner's Name _____

How did you hear of us? _____

PET NO. 1

Name _____

Birth Date _____

Species: __Cat __Dog Other _____

Color _____

Breed _____ Sex _____

Neutered/Spay _____ Date _____

Date Last Vaccination _____

Last Rabies Vaccination _____

Where Shots Obtained _____

Any Long-Term Problems _____

Current Medications _____

Microchip # _____

Reason for visit _____

PET NO. 2

Name _____

Birth Date _____

Species: __Cat __Dog Other _____

Color _____

Breed _____ Sex _____

Neutered/Spay _____ Date _____

Date Last Vaccination _____

Last Rabies Vaccination _____

Where Shots Obtained _____

Any Long-Term Problems _____

Current Medications _____

Microchip # _____

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 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.

Signature of Owner or Agent _____ Date _____