

Client/Patient Registration Form

Name: _____ Spouse/Co-Owner: _____

Mailing Address: _____ City: _____

Physical Address (if different from above): _____

State: _____ Zip: _____ Drivers License or State ID: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Emergency Contact Name & Phone: _____

Where did you hear about us? _____

-----**ALL PETS MUST BE ON A LEASH OR IN A CARRIER**-----

Pet No. 1

Pet No. 2

Name: _____

Name: _____

Date of Birth: _____ Species: _____

Date of Birth: _____ Species: _____

Breed: _____

Breed: _____

Color: _____

Color: _____

Sex: _____ Altered: (Yes / No)

Sex: _____ Altered: (Yes / No)

Date of Last Vaccines:

Date of Last Vaccines:

FVRCP/C or DHPP/CV: _____

FVRCP/C or DHPP/CV: _____

RABIES: _____ (1 yr or 3 yr)

RABIES: _____ (1 yr or 3 yr)

FeLK or BORDATELLA: _____

FeLK or BORDATELLA: _____

Any Long Term Problems: _____

Any Long Term Problems: _____

Current Medications if any: _____

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I understand that payment is due at the time of service and that a \$25.00 fee will be charged for any returned checks. All past due accounts will be subject to a monthly billing fee and interest may be charged on overdue amounts. I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of the above pet(s). 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: _____ Date: _____

Payment Methods Available: Cash Check Visa/MC/Amer.Ex. Care Credit