

# Client Registration

## Client Information:

Name: \_\_\_\_\_  
 Co-Owner: \_\_\_\_\_ Relation to Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Co-Owner Phone: \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

We send out Vaccine Reminders, Newsletters, and Specials by e-mail.

How did you hear about us?: \_\_\_\_\_

Patient Information	Pet #1	Pet #2	Pet #3
Name			
Dog/Cat			
Breed			
Date of Birth or Age			
Color			
Sex: M/F			
Spayed/Neutered?			
Diet			
Last DHPP/FVRCP			
Last Rabies			
Last Bordetella/Leukemia			
Last Influenza			
Last Heartworm Test			
Monthly Heartworm Preventative			
Microchip Number			
Flea/Tick Preventative			
Medical Conditions?			
Previous Surgeries?			
Currently on any Medications?			
Travel or Plan to Travel with this pet?			
Previous Veterinarian			

Please Note: Payment is required at the time services are rendered.

We accept Visa, MasterCard, American Express, Discover Card, CareCredit (5% processing fee applies), Debit and Cash. We do not accept Checks.

For some surgeries, treatments, and hospitalized care, a deposit may be required.

A fee of \$49.00 is charged for clients who miss or cancel more than 2 appointments in a calendar year without 3 hours notice.

Staff is not on the premises 24 hours a day.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_