

## CLIENT REGISTRATION FORM

**Owner's Name** \_\_\_\_\_ **Spouse/Other** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer's Name \_\_\_\_\_

How did you first hear of us? *(Please check one)*

Personal Recommendation by: \_\_\_\_\_

Yellow Pages  Radio  Our Building Sign

Website  Newspaper  Humane Society

Another Veterinary Hospital  Other \_\_\_\_\_

**Pet's Name** \_\_\_\_\_

**Pet's Name** \_\_\_\_\_

Dog  Cat  Other  \_\_\_\_\_

Dog  Cat  Other  \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Breed \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Color \_\_\_\_\_

Male  Neutered Yes No *(circle)*

Male  Neutered Yes No *(circle)*

Female  Spayed Yes No *(circle)*

Female  Spayed Yes No *(circle)*

Date of Last Vaccination: \_\_\_\_\_

Date of Last Vaccination: \_\_\_\_\_

Is your pet micro-chipped? No  Yes  # \_\_\_\_\_

Is your pet micro-chipped? No  Yes  # \_\_\_\_\_

Is your pet currently being treated for any medical problem? Yes  No  Pet? \_\_\_\_\_

Please Explain: \_\_\_\_\_

Is your pet on a:  Medication  Special Diet Please Explain: \_\_\_\_\_

May we obtain medical record from previous Veterinarian(s)  Yes  No \*Please indicate Veterinarian

and/or Veterinary Hospital we should contact: \_\_\_\_\_

Who can we call in the event of an emergency when you or your spouse/co-owner cannot be reached?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Relationship to You \_\_\_\_\_

Do you have a veterinary pet insurance policy for your pet?  Yes  No

Would you like a tour of our pet lodge and/or hospital?  Yes  No

Form of Payment: Cash  Check  Visa  MasterCard  Discover  American Express

*(Note: All fees are due at time of service.)*

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

*(Must be 18 years of age or older)*