

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)