



# Client Registration Form

Please complete the following form so we can get to know you and your pet(s) better!

Owners Name \_\_\_\_\_ Owners Phone # (\_\_\_\_) \_\_\_\_\_

Co-Owner/Spouse \_\_\_\_\_ Co-Owner/Spouse Phone # (\_\_\_\_) \_\_\_\_\_

Other Phone # (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Relationship to you \_\_\_\_\_

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

Yellow Pages     Radio     Our Building Sign     Website/Internet Search

Newspaper     Humane Society     Another Veterinary Hospital

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

## Pet Information

Pet Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_ Sex \_\_\_\_\_

Neutered/Spayed: Yes    No    (circle one)    Micro-chip # \_\_\_\_\_

Medical Conditions/Concerns \_\_\_\_\_

Pet Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_ Sex \_\_\_\_\_

Neutered/Spayed: Yes    No    (circle one)    Micro-chip # \_\_\_\_\_

Medical Conditions/Concerns \_\_\_\_\_



Pet Name _____	Species _____	Breed _____
Color _____	Date of Birth/Age _____	Sex _____
Neutered/Spayed: Yes	No	(circle one) Micro-chip # _____
Medical Conditions/Concerns _____		

May we obtain medical records from a previous veterinarian? Yes No (Please circle one)

Veterinary Clinic to contact for records \_\_\_\_\_

### Financial Responsibility

Do you have a Veterinary Pet insurance policy for your pet(s)? Yes No (Please circle one)

If yes which Pet Insurance company do you use? \_\_\_\_\_

Typical Form of Payment:

Cash  Check  Visa  MasterCard  Discover  Care Credit

We pledge to provide our very best care for your pet's health needs. In return we ask you to accept the responsibility for charges incurred in the treatment of your pet and accept that **payment is due when services are rendered.** Please feel free to ask for an **estimate** and know we are happy to discuss fees prior to providing services.

**We, at Companion Animal Care Center, love to feature client's pets in our marketing. By signing below, I hereby give permission to use any and all photos of myself, my family, and my pets for internal, external, or internet marketing purposes**

**Please check this box if you would prefer NOT to have you or your pet's picture used in our marketing.**

**I hereby authorize the veterinarian to exam, prescribe for, or treat my pet(s).**

**I assume responsibility for all charges incurred in the care of my pet(s). I also understand that these charges must be paid in full at the of time service.**

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Must be 18 years of age or older)

Companion Animal Care Center  
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