

CLIENT REGISTRATION FORM

Owner _____
Last First Middle Initial Drivers License #

Address _____
Street City Zip

Phone _____
Home Work Cell

Employer _____
Business Name Address City Zip

E-Mail _____

Spouse/Partner _____
Last First Middle Initial Drivers License #

Phone _____
Work Cell

Emergency Contact Name _____
Last First Middle Initial

Phone _____
Home Work Cell

Pet's Name _____ CANINE FELINE OTHER _____

Breed _____ MALE FEMALE / NEUTERED SPAYED

Color/Markings _____ Date of Birth _____

Vaccination Dates:

CANINE _____
Rabies DHLPP Bordetella Lyme Heartworm Test Other

FELINE _____
Rabies FVRCP Leukemia Other

Pet's Name _____ CANINE FELINE OTHER _____

Breed _____ MALE FEMALE / SPAYED NEUTERED

Color/Markings _____ Date of Birth _____

Vaccination Dates:

CANINE _____
Rabies DHLPP Bordetella Lyme Heartworm Test Other

FELINE _____
Rabies FVRCP Leukemia Other

I hereby authorize the veterinarian to examine, prescribe for or treat the above pet(s). Fees are due at the time services are rendered. We will gladly prepare a written estimate if you desire. Please ask your doctor.

Method of Payment: CASH CHECK VISA MASTERCARD

Signature of Owner or Responsible Agent _____

Date _____