



CLIENT / PATIENT REGISTRATION

Owner's Last Name: _____ First Name: _____

Street Address: _____ Zip Code: _____ Home Phone: (____) _____

City: _____ State: ____ Work #: (____) _____ Cell# (____) _____

Email Address: _____ Dr Lic#: _____

Employer & Address: _____

Spouse/Significant Other Name: _____

How did you first hear of us: Internet: _____, Friend: _____, Sign/Walkin: _____, Other: _____

How did you find our phone number? _____

Individual we may thank? _____

Pet's Name: _____ Species: _____

Breed: _____ Color: _____

Age/DOB: _____ Sex: _____

Reason for Visit: _____

Previous care where past records could be obtained: _____

Has your pet been treated for any illnesses in the past year? Yes: ____ No: ____

Specify problem (s), medication & dosage: _____

List names and types of other animals you own: _____

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A FINANCE CHARGE OF 1.5% IS ADDED TO ALL UNPAID BALANCES, AS WELL AS REASONABLE ATTORNEY OR COLLECTION FEES. A DEPOSIT MAY BE REQUIRED FOR SURGICAL TREATMENT. MASTERCARD/VISA IS AVAILABLE FOR YOUR CONVENIENCE.

Owner or Responsible Party: _____

