



Client Registration

Owner Name _____ Co-Owner Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone #1 _____

Work Phone _____ Cell Phone #2 _____

Occupation _____

Email _____

Who recommended you? _____

History

Previous Clinic _____ Clinic Phone _____

Previous Clinic Address _____

Pet Registration

Pet's Name _____ Age/DOB _____

Dog Cat Other _____

Male Female

Color _____

Male / Neuter Female / Spay

Pet's Name _____ Age/DOB _____

Dog Cat Other _____

Male Female

Color _____

Male / Neuter Female / Spay

All payments are due at the time of services rendered.

I hereby authorize the veterinarian to examine, prescribe for or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges must be paid in full, at the time of release of the pet.

Signature _____ Date _____