



## CLIENT/PET REGISTRATION

### CLIENT INFORMATION

Owner/Co-Owner/  
Spouse Name(s): \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cellular/Alternate#: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Employed By: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Referred By: \_\_\_\_\_  
Please list anyone other than yourself who can make medical decisions regarding your pet(s)  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

### PET INFORMATION:

Pet's Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Sex:  Male  Female  
 Male Neutered  Female Spayed  
List Pet's Current Diet:  
\_\_\_\_\_  
List All Medications (including Heartworm & Flea Prevention):  
\_\_\_\_\_  
Name of Previous Veterinarian (please include contact information):  
\_\_\_\_\_

I hereby authorize the veterinarian(s) to examine, prescribe for and/or treat my pet(s). I assume responsibility for all charges incurred. I understand that payment is due at the time services are rendered.

\_\_\_\_\_  
Client Signature and/or Responsible Party

\_\_\_\_\_  
Date