

Client/Patient Registration Form

Name: \_\_\_\_\_ Spouse/Co-Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Are you 65 or older? Y/ N (If yes, you qualify for a 10% discount on services)

Phone Numbers (**Best number first**) \_\_\_\_\_ Whose Number \_\_\_\_\_

\_\_\_\_\_ (Home) (Cell) (Work) \_\_\_\_\_

\_\_\_\_\_ (Home) (Cell) (Work) \_\_\_\_\_

\_\_\_\_\_ (Home) (Cell) (Work) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

*How did you hear about us?* \_\_\_\_\_

-----**ALL PETS MUST BE ON A LEASH OR IN A CARRIER**-----

Pet No. 1

Pet No. 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Species: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Altered/"Fixed": Y / N

Sex: \_\_\_\_\_ Altered/"Fixed": Y / N

Date of Last Vaccines:

Date of Last Vaccines:

Vaccine: \_\_\_\_\_ Date given: \_\_\_\_\_

Vaccine: \_\_\_\_\_ Date given: \_\_\_\_\_

Vaccine: \_\_\_\_\_ Date given: \_\_\_\_\_

Vaccine: \_\_\_\_\_ Date given: \_\_\_\_\_

Vaccine: \_\_\_\_\_ Date given: \_\_\_\_\_

Vaccine: \_\_\_\_\_ Date given: \_\_\_\_\_

Vaccine: \_\_\_\_\_ Date given: \_\_\_\_\_

Vaccine: \_\_\_\_\_ Date given: \_\_\_\_\_

Have you seen a different vet, if yes, whom?  
\_\_\_\_\_

Have you seen a different vet, if yes, whom?  
\_\_\_\_\_

Any Long Term Problems: \_\_\_\_\_  
\_\_\_\_\_

Any Long Term Problems: \_\_\_\_\_  
\_\_\_\_\_

Current Medications if any: \_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

**Payment methods available:**

**Cash, Check, Visa, Discover, Master Card, American Express, & Care Credit**

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I understand that payment is due at the time of service and that a \$25.00 fee will be charged for any returned checks. All past due accounts will be subject to a monthly billing fee and interest may be charged on overdue amounts. I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of the above pet(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Methods Available:    Cash        Check        Visa/MC/Amer.Ex.    Care Credit