

CLIENT REGISTRATION

How did you hear about us?

Current Client Renewal _____ Advertisement _____ Referral By: _____
Yellow Pages _____ Facebook _____ Other: _____

Owner: _____

S.S./D.L. number: _____ D.O.B _____

P.O. Box: _____ Address: _____

City: _____ State: _____ Zip: _____

Contact phone: _____ Email address: _____

Employer: _____ Work phone: _____

Significant Other: _____ Cell phone: _____

S.S./D.L. number: _____ D.O.B _____

Employer: _____ Work phone: _____

Emergency Contact: _____ Phone: _____

Pet No. 1

Name: _____

D.O.B.: _____

Canine/Feline/Other: _____

Breed: _____

Color: _____

Female/Male/Spayed/Neutered

Microchip/Tattooed/Other: _____

Pet No. 3

Name: _____

D.O.B.: _____

Canine/Feline/Other: _____

Breed: _____

Color: _____

Female/Male/Spayed/Neutered

Microchip/Tattooed/Other: _____

Pet No. 2

Name: _____

D.O.B.: _____

Canine/Feline/Other: _____

Breed: _____

Color: _____

Female/Male/Spayed/Neutered

Microchip/Tattooed/Other: _____

Pet No. 4

Name: _____

D.O.B.: _____

Canine/Feline/Other: _____

Breed: _____

Color: _____

Female/Male/Spayed/Neutered

Microchip/Tattooed/Other: _____

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 will be paid at the time of release unless otherwise arranged.

Signature of Owner: _____ **Date:** _____