

# NEW CLIENT REGISTRATION

## OWNER INFORMATION:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY NO. \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

(In order to receive reminders about your pet's vaccinations, a working e-mail is required.)

WHOM MAY WE THANK FOR THIS REFERRAL? \_\_\_\_\_

## SPOUSE/CO-OWNER INFORMATION:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

## PET INFORMATION

### PET ONE:

NAME: \_\_\_\_\_  
SPECIES: \_\_\_\_\_ SEX: \_\_\_\_\_  
BREED: \_\_\_\_\_  
COLOR: \_\_\_\_\_  
SPAYED/NEUTERED: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
DATE OF LAST VACC: \_\_\_\_\_  
WHERE GIVEN: \_\_\_\_\_  
CURRENT MEDICATIONS: \_\_\_\_\_

LONG TERM PROBLEMS: \_\_\_\_\_

REASON FOR VISIT: \_\_\_\_\_

### PET TWO:

NAME: \_\_\_\_\_  
SPECIES: \_\_\_\_\_ SEX: \_\_\_\_\_  
BREED: \_\_\_\_\_  
COLOR: \_\_\_\_\_  
SPAYED/NEUTERED: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
DATE OF LAST VACC: \_\_\_\_\_  
WHERE GIVEN: \_\_\_\_\_  
CURRENT MEDICATIONS: \_\_\_\_\_

LONG TERM PROBLEMS: \_\_\_\_\_

REASON FOR VISIT: \_\_\_\_\_

I HEREBY AUTHORIZE THE VETERINARIAN(S) TO EXAMINE, PRESCRIBE FOR, AND TREAT THE ABOVE DESCRIBED PET(S). I ASSUME ALL RESPONSIBILITY FOR CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR THE EMERGENCY OR SURGICAL TREATMENT OF SAID PET(S), OR ANY OTHER INSTANCES THAT THE VETERINARIAN(S) DEEM FIT.

SIGNATURE OF OWNER/AUTHORIZED AGENT: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

I.D. copied for internal use only by: \_\_\_\_\_