

# New Client Registration

Date: \_\_\_\_\_

Owner's Name \_\_\_\_\_

Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Employer's name and Address \_\_\_\_\_

At what time \_\_\_\_\_ and at what phone number \_\_\_\_\_ is it best to call about your pet?

In case of EMERGENCY, please call \_\_\_\_\_ at telephone number \_\_\_\_\_

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## PET (S) INFORMATION

1. Pet's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

\_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed Female \_\_\_\_\_ Neutered Male

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

Reason For Visit \_\_\_\_\_

2. Pet's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

\_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ other: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed Female \_\_\_\_\_ Neutered Male

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

Reason For Visit \_\_\_\_\_

Previous Veterinarian(s) where past records could be obtained if necessary \_\_\_\_\_

Has your pet(s) been treated for any illness in the past year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Specify problem(s), medication and dosage, if known \_\_\_\_\_

How did you first hear of us? Yellow Pages \_\_\_\_\_ Other \_\_\_\_\_

Dr. Referred to: \_\_\_\_\_ Individual we may thank \_\_\_\_\_

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 and that a deposit may be required for surgical treatment.

Owner or Responsible Party \_\_\_\_\_