

Client ID # \_\_\_\_\_

WE DO NOT HAVE CHARGE ACCOUNTS – PAYMENT IS EXPECTED AT THE

END OF EACH VISIT --- THANK YOU

ROUTINE CLIENT REGISTRAION FORM

I CERTIFY THAT I OWN AND ASSUME FINANCIAL RESPONSIBILITY FOR THE ANIMAL LISTED BELOW. I AGREE TO PAY TOTAL CHARGES AT THE END OF EACH VISIT. IN AN EMERGENCY SITUATION OR WHEN HOSPITALIZATION IS NEEDED, A DEPOSIT WILL BE REQUIRED FOR TREATMENT OF SAID ANIMAL. THE REMAINING BALANCE IS TO BE PAID WHEN ANIMAL IS RELEASED. NO EXPECTATIONS.

SIGNATURE OF OWNER: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ PHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

IF YOU USE A P.O. Box # \_\_\_\_\_ (must have physical address)

YOUR EMPLOYMENT & PHONE NUMBER: \_\_\_\_\_

SPOUSE'S EMPLOYMENT & PHONE NUMBER: \_\_\_\_\_

NAME / PHONE NUMBER OF RELATIVE / FRIEND TO CONACT IN CASE OF EMERGENCY:

PATIENT NAME: \_\_\_\_\_ MALE OR FEMALE (circle one) COLOR: \_\_\_\_\_

SPAYED OR NEUTERED (CIRCLE ONE) – SPECIES: CANINE / FELINE: \_\_\_\_\_

BREED: \_\_\_\_\_ BIRTH DATE (MONTH & YEAR) \_\_\_\_\_

PLEASE INDICATE THE LAST DATE OF THE FOLLOWING:

CANINE DISTEMPER/PARVO VACCINE \_\_\_/\_\_\_/\_\_\_

FECAL EXAM \_\_\_/\_\_\_/\_\_\_

RABIES (CANINE OR FELINE) \_\_\_/\_\_\_/\_\_\_

HEARTWORM TEST \_\_\_/\_\_\_/\_\_\_

FELINE COMBINATION VACCINE \_\_\_/\_\_\_/\_\_\_

FELINE LEUKEMIA \_\_\_/\_\_\_/\_\_\_

LIST ANY PREVIOUSLY DIAGNOSED ILLNESSES: \_\_\_\_\_

DOCTOR/CLINIC THAT ADMINISTERED ILLNESSES OR INJURIES:

\_\_\_\_\_

IS YOUR PET ALLERGIC TO ANY MEDICATIONS: \_\_\_\_\_

REASON FOR TODAY'S VISIT: \_\_\_\_\_

HAVE YOU HAD THIS PET OR ANY OTHER PET IN THIS OFFICE BEFORE? YES / NO?