



Client Registration Form

Please Check One: New Client Current Client-New Pet

Name _____
Last First Middle Int

Address _____
Street City, State Zip Code

Home phone No. _____ Cell Phone or Alternate No. _____

Spouse or Co-Owner's Name _____ No. _____

E-Mail Address _____

How did you hear of us? Internet Friend/Relative Drive-By/Sign Other

Pet Information

Pet Name _____ Species: Dog Cat Small Mammal

Breed _____ Color _____ Birthday _____ Sex _____ Altered _____

Pet Name _____ Species: Dog Cat Small Mammal

Breed _____ Color _____ Birthday _____ Sex _____ Altered _____

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Breed _____ Color _____ Birthday _____ Sex _____ Altered _____

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 this animal.** I also understand that these charges will be paid at the time of release and that a deposit may be required for certain treatments.

Signature: _____ Date: _____

Printed Name: _____