



Administrative use Only

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

Client No. \_\_\_\_\_

Entered By \_\_\_\_\_

☐ Data Entered  
☐ Chart Scanned

## Client Registration Form

**Please check one:** ☐ Current client/pet ☐ New client ☐ Current client/new pet

**Client Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

**E-mail Address:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_ **Emergency #:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Other Responsible Party (spouse, etc):** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

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Pet information

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**Pet Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Sex:** M / F **Neutered/Spayed:** Y / N **Date of last Vaccines:** \_\_\_\_\_

**Previous (or out of town) Veterinarian:** \_\_\_\_\_

**Current Health Problems:** \_\_\_\_\_

**Medications (including heart worm/flea prevention):** \_\_\_\_\_

**Allergies/Reactions:** \_\_\_\_\_

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**How did you hear of us (circle one):** internet / outside signage or banner / advertisement  
(which one \_\_\_\_\_) / referral (person who referred \_\_\_\_\_) /  
**Other (please explain \_\_\_\_\_)**

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I hereby authorize the veterinarian to examine, prescribe for and/or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal and payment in full is expected after completion of services. Estimates prior to treatment can be provided upon request. To the best of my knowledge, all of the information above is complete and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_