



CLIENT REGISTRATION

Tech's Initials: _____



Client Information:

Account #: _____

Name: _____

Spouse / Co-Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:() _____ Cell Phone:() _____

Work Phone:() _____ Alternate Phone:() _____

Drivers License # : _____ E-Mail: _____

Emergency Contact: _____ Emergency Phone: _____

How did you hear about us: _____

Patient Information:

Name: _____ Breed: _____

Date of Birth: _____ Color: _____

Species: (circle one) Dog Cat Other: _____

Sex: (circle one) Male Male/Neutered Female Female/Spayed

Reason for today's visit: _____

Medical History Dog:

Medical History Cat:

Rabies Date: _____

Rabies Date: _____

DHPP Date: _____

FVRCP Date: _____

Bordetella Date: _____

FELV Date: _____

Heartworm Test Date: _____

FELV/FIV Test Date: _____

Fecal Test Date: _____

Fecal Test Date: _____

Microchip Number: _____

Microchip Number: _____

Diet: _____ Flea / Tick Control: _____

Monthly Dewormer: _____ Current Medications: _____

Previous Medical Problems / Surgeries: _____

Have you traveled or do you plan on traveling with your pet? (circle one) Yes No

If yes, name location: _____

Please Note: PAYMENT IS REQUIRED AT THE TIME SERVICES ARE RENDERED.

We accept Cash, Checks, Visa, MasterCard, Debit, Discover, and American Express.

Authorization

I hereby authorize services to be provided for my pet as required for maintaining proper health. I also understand that all fees are due and payable when services are rendered, and that I am responsible for any charges incurred due to returned checks or through collection efforts.

Signature: _____

Date: _____