

Welcome!

New Client Registration Form

Please fill out completely

Date _____
Owner _____ SS# _____
Address _____ city _____ State _____ zip _____
Spouse _____
SS# _____
Home Phone _____ Work Phone _____
Cell Phone _____ Spouse's Cell Phone _____
May we text: Yes ___ No ___ May we call work: Yes ___ No ___
Email _____ Preferred contact _____
Emergency Contact Name _____ phone _____
How did you learn of our clinic?
Yellow Pages ___ Sign ___ Website ___ Recommendation ___
If recommended, by whom? _____
Reason for visit _____

Pet Health History

Name of pet _____ Dog ___ Cat ___ other ___
Breed _____ Color _____ Birthdate/Age _____
Male ___ Female ___ Neutered/Spayed _____
Vaccination History (Date & type of last vaccinations) _____

Please check any symptoms or problems that you have noticed about your pet.

<input type="checkbox"/> Behavior Problems	<input type="checkbox"/> Lack of Appetite	<input type="checkbox"/> Sneezing
<input type="checkbox"/> Bleeding Gums	<input type="checkbox"/> Limping	<input type="checkbox"/> Thirst
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Urination Increase
<input type="checkbox"/> Coughing	<input type="checkbox"/> Scooting	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Scratching	<input type="checkbox"/> Weakness
<input type="checkbox"/> Eye Bulging	<input type="checkbox"/> Seems Depressed	<input type="checkbox"/> Gagging
<input type="checkbox"/> Eye Bloodshot	<input type="checkbox"/> Shaking Head	<input type="checkbox"/> Other _____

Pet's Current Medications _____

Pet's diet _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all changes incurred in the care for this animal and any other animal I bring in. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Signature of Owner _____ Date _____

Method of payment: ___ Cash ___ Check ___ MasterCard ___ Visa ___ Discover ___ Care Credit
Other _____