

CLIENT REGISTRATION  
CLIENT#



PLEASE COMPLETE THE FOLLOWING FORM IN FULL:



OWNER'S NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ SS# \_\_\_\_\_  
EMPLOYED BY: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
SPOUSE EMPLOYED BY \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
IF MILITARY: RANK AND/OR RATE \_\_\_\_\_ SCHOOL/UNIT \_\_\_\_\_  
EXPECTED LENGTH OF STAY IN THIS AREA \_\_\_\_\_  
IN CASE OF EMERGENCY AND YOU ARE NOT AVAILABLE, WHO SHOULD WE CONTACT?  
PHONE# \_\_\_\_\_

**PAYMENT POLICY: WE TAKE PRIDE IN THE QUALITY OF SERVICE AND MEDICAL CARE THAT WE ARE RESPONSIBLE FOR PROVIDING TO YOU AND YOUR PET. WE ACCEPT CASH, CHECKS, VISA/MASTERCARD, DISCOVER AND AMERICAN EXPRESS. PLEASE INDICATE BY CHECK MARK YOUR PREFERENCE FOR PAYMENT:**

CASH/CHECK \_\_\_\_\_ MC/VISA/DISC \_\_\_\_\_ AMERICAN EXPRESS \_\_\_\_\_

**TELL US ABOUT YOUR PETS**

NAME \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_  
SEX \_\_\_\_\_ SPAYED \_\_\_\_\_ NEUTERED \_\_\_\_\_ WHEN \_\_\_\_\_

**FOR DOGS:**

LAST RABIES VAC. \_\_\_\_\_  
LAST DISTEMPER/PARVO \_\_\_\_\_  
LAST CORONA VAC. \_\_\_\_\_  
LAST KENNEL COUGH VAC. \_\_\_\_\_  
LAST LYMES DIS. VAC. \_\_\_\_\_  
LAST HEARTWORM EXAM \_\_\_\_\_  
LAST STOOL EXAM \_\_\_\_\_  
ON HEARTWORM PREVENTION? \_\_\_\_\_

**FOR CATS:**

LAST RABIES VAC. \_\_\_\_\_  
LAST FELINE DISTEMPER \_\_\_\_\_  
LAST FELINE LEUKEMIA \_\_\_\_\_  
LAST FIP VACC. \_\_\_\_\_  
LAST STOOL EXAM \_\_\_\_\_

WERE YOU REFERRED TO OUR CLINIC? NAME \_\_\_\_\_

**PLEASE READ AND SIGN THE FOLLOWING:**

I AGREE TO PAY FOR PROFESSIONAL SERVICES AND MEDICATIONS AS THEY ARE RENDERED. I AGREE TO PAY FOR ALL ATTORNEYS FEES, COURT COSTS AND COLLECTION CHARGES IF MY ACCOUNT IS NOT PAID AS INDICATED. THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_