

## Client Registration Form

**Your Name:**

Last \_\_\_\_\_ First \_\_\_\_\_  
 Address: Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact #'s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
 Work (\_\_\_\_) \_\_\_\_\_ Employer \_\_\_\_\_  
 Driver's Lic. #/State \_\_\_\_\_ SS # \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_

**Spouse/Partner's Name:**

Last \_\_\_\_\_ First \_\_\_\_\_  
 Work (\_\_\_\_) \_\_\_\_\_ Employer \_\_\_\_\_  
 Cell # (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_  
 Driver's Lic. #/State \_\_\_\_\_ SS # \_\_\_\_\_

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**How did you hear about us?** Location/Sign  Internet Search  Website   
 Client Referral  Whom may we thank? \_\_\_\_\_

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Preferred method of payment?  Cash  Check  Major Credit Card

I assume responsibility for all charges incurred in the care of my pet(s). I also understand that these charges will be paid at the time of service (or release if hospitalized) and that a deposit may be required for hospitalization, surgery or major medical treatment. I understand that I may request a treatment plan and estimate of charges at any time, but that charges may vary due to my pet's medical needs or change in condition.

I grant to Country Oaks Animal Hospital & Boarding Kennel , its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that they may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

- The above may take photos of me and/or my pet
- The above may NOT take photos of me and/or my pet

**Owner/Responsible Party** \_\_\_\_\_ **Date** \_\_\_\_\_  
signature required

## Pet Registration Form

	Pet #1	Pet #2	Pet #3
Name			
Species			
Breed			
Color (s)			
Birthdate or Age			
Microchip #			
Sex	M    F	M    F	M    F
Spayed/Neutered ?	Yes    No	Yes    No	Yes    No
Approx. Weight (lbs)			
Usual Food (type/brand)			
Heartworm Prevention Used			
Flea Control Used			
Medications Being Given			

Please enter date(s) last received or provide vaccine information to receptionist  
for completion

	Pet #1	Pet #2	Pet #3
Rabies Vaccine			
Rabies Tag #			
Fecal Test			
<b>Dogs Only:</b>			
Distemper/ParvoVaccine			
Bordetella (Kennel Cough)			
Heartworm Test			
Lyme Vaccine			
Giardia Vaccine			
<b>Cats Only:</b>			
Feline Distemper (FVRCP)			
Feline Leukemia Vaccine			
Felv/FIV Test			
FIP Vaccine			
FIV Vaccine			

Is there any other information you would like to share with us? Any special needs or concerns regarding your pet's care? Any drug allergies? Seizures?

Entered by \_\_\_\_\_

NC/NP

NP Only

B Only