

Client Registration Form

Your Name:

Last _____ First _____
Address: Street _____
City _____ State _____ Zip _____
Contact #'s: Home (____) _____ Cell (____) _____
Work (____) _____ Employer _____
Driver's Lic. #/State _____ SS # _____

Spouse/Partner's Name:

Last _____ First _____
Work (____) _____ Employer _____
Cell # (____) _____
Driver's Lic. #/State _____ SS # _____

E-Mail Address: _____

Would you like to receive reminders by... E-mail Traditional mail Both

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**How did you hear about us?** Yellow Pages  Location/Sign   
Internet Search  Website  Other  \_\_\_\_\_  
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.

Owner/Responsible Party _____ Date _____
signature required

Pet Registration Form

C# _____

	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			
Dogs Only:			
Distemper/ParvoVaccine			
Bordetella (Kennel Cough)			
Heartworm Test			
Lyme Vaccine			
Giardia Vaccine			
Cats Only:			
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

WCS