



Client and Patient Registration Form

First Name: _____ Last Name: _____

Spouse/Other Full Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Driver's License# _____ S.S. # _____

Employer: _____

Today's Method of Payment: Cash Credit Card Check Care Credit

Pet's Name: _____ Dog Cat Other

Breed: _____ Sex: _____ Spayed (F) Neutered (M)

Date of birth: _____ Last Vaccinations: _____

Allergies: _____ Color: _____

Reason for today's visit: _____

Regular/Referring Vet: _____

Emergency Clinic Clients- How did you hear about our practice?

Specialty Services: We will only see you and your pet for problems referred to us by your Veterinarian. We do not provide routine healthcare. Your understanding in this matter is appreciated. Payment is due in full at the time of service. I understand and will abide by the above policy.

Emergency Services: Payment is due at the time of service. A copy of your driver's license is requested, if not received, we can not accept a check payment. I understand and will abide by this policy.

Owner's Signature

Today's Date

----- TO BE COMPLETED BY STAFF -----

Client's ID# _____ Doctor: _____ Pet's Weight: _____ kg. Vaccinated Y / N

Temp _____ Pulse _____ Respirations _____ Heart Rate _____ MM/CRT _____