

Client Registration Form

Owner's Name: _____

Spouse or Co-Owner: _____

Address: _____

Home Phone: (____) _____ - _____ City _____ State _____ Zip _____
Cell Phone (____) _____ - _____

Work Phone: (____) _____ - _____ ext: _____ E-Mail _____

Spouse or Co-Owner Phone: (____) _____ - _____

Please name the last veterinary facility you visited: _____

How did you hear about us? (Circle one) Internet Yellow Pages CACC ASPCA Muffins Saw Place

Whom may we thank for your referral? _____ (we love to thank them)

Patient (Pet) Information

Please check one:

Canine

Feline

Female

Female Spayed

Ferret

Rabbit

Male

Neutered Male

Avian

Reptile

Other: _____

**OFFICE USE
ONLY:
Reminder**

Pet's Name: _____

Breed: _____

Color: _____

Birthday: _____

Microchip ID# _____

Last Known Vaccinations & Date: _____

Date of Last Dental Cleaning: _____

Is your pet taking Heartworm Preventative? _____

Date of Last Heartworm Test / Fecal Exam: _____

Existing Medical condition(s): _____

To prevent the spread of infectious diseases and parasites, hospitalized and grooming pets must be current on all vaccinations and free of internal and external parasites.

FULL PAYMENT IS DUE AT THE END OF EACH VISIT. THANK YOU!

We accept cash and all major credit and debit cards. Unfortunately, we can not accept checks. If legal collection of monies is required, all fees incurred by our office will be charged to your account.

Signature: _____ Date: _____