

# 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: \_\_\_\_\_