

CLIENT REGISTRATION

DATE: _____

PLEASE CHECK ONE: NEW CLIENT _____ CURRENT CLIENT- NEW PET _____

OWNER'S NAME _____ SPOUSE/OTHER _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

HOME PHONE # _____ CELL PHONE # _____

EMPLOYER _____ WORK PHONE # _____

SPOUSES/OTHER EMPLOYER _____ WORK PHONE # _____

HOW DID YOU FIRST HEAR ABOUT US? YELLOW PAGES _____ SIGN _____ INTERNET _____ OTHER _____

ANY INDIVIDUAL WE MAY THANK? _____

EMAIL ADDRESS _____

PET INFORMATION

PET'S NAME _____ APPROX DATE OF BIRTH _____

SPECIES: DOG _____ CAT _____ SEX: MALE _____ FEMALE _____

BREED: _____ SPAY/NEUTERED: YES _____ NO _____

COLOR: _____ DATE OF LAST VACCINATION: _____

REASON FOR VISIT? _____

HAS YOUR PET BEEN TREATED FOR ANY ILLNESS IN THE PAST YEAR? _____

HAS YOUR PET HAD ITS RABIES VACCINATION? _____

PAYMENT INFORMATION

I ASSUME FULL RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL OR INTENSIVE CARE TREATMENT.

SIGNATURE OF OWNER _____ DATE _____

METHOD OF PAYMENT: CASH _____ CHECK _____ MASTERCARD/VISA/DISCOVER/DEBIT _____

PAYMENT MUST BE PAID IN FULL ON DATE OF SERVICES. **WE DO NOT MAKE PAYMENT PLANS!**