



## New Client Registration

Owner: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Spouse/Co-owner: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preferred Contact Method: HOME CELL WORK E-MAIL

How did you learn of our clinic? Recommendation, by whom? \_\_\_\_\_

Website \_\_\_\_\_ Sign \_\_\_\_\_ Other \_\_\_\_\_

### Pet Health History

Name of Pet \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate/ Age \_\_\_\_\_

Male \_\_\_ Neutered \_\_\_ Female \_\_\_ Spayed \_\_\_

Vaccination History:

\_\_\_\_\_

Current Health Issues:

\_\_\_\_\_

Reason for Visit:

\_\_\_\_\_

Pet's Current Medications:

\_\_\_\_\_

Previous Veterinarian Where Medical Records May Be Obtained and Phone Number:

\_\_\_\_\_

### Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release from care.

Signature of Owner/Representative: \_\_\_\_\_ Date: \_\_\_\_\_