



CLIENT REGISTRATION FORM

Thank you for giving us the opportunity to care for your pet. Please take a few minutes to fill out this form and bring it to the animal hospital at the time of your appointment.

Today's date:											
CLIENT INFORMATION											
Owner's Last Name:				First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> _____			
Home Phone No. ()			Work Phone No. ()			Work Phone No. ()					
Street address:				Apt #:		Email Address:					
City:			State:		ZIP Code:			Driver License: #:		State:	
How did you hear about us? <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Close to home/work <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other:											

PATIENT INFORMATION											
Patient Name:				Species: <input type="checkbox"/> Cat <input type="checkbox"/> Dog		Breed		Color			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No		Birth date: / /		Vaccine History (Date & Type):					
Reason for Visit:											
Prior Illness:			Current Medications:					Prior Surgical Procedures:			
Please check any symptoms that you have noticed about your pet:											
<input type="checkbox"/> Behavior Problems		<input type="checkbox"/> Vomiting		<input type="checkbox"/> Diarrhea		<input type="checkbox"/> Blood in the stool		<input type="checkbox"/> Blood in the urine		<input type="checkbox"/> Lack of appetite	
<input type="checkbox"/> Sneezing		<input type="checkbox"/> Limping		<input type="checkbox"/> Scratching		<input type="checkbox"/> Depressed		<input type="checkbox"/> Thirst/Urination		<input type="checkbox"/> Gagging	
<input type="checkbox"/> Coughing		<input type="checkbox"/> Shaking head		<input type="checkbox"/> Bleeding Gums		<input type="checkbox"/> Breathing Problems		<input type="checkbox"/> Other:			

AUTHORIZATION											
I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I will assume responsibility for all charges incurred 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 treatment. We do not have payment plans.											
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check											
Signature of Client						Date					