

CLIENT REGISTRATION FORM

Primary Guardian _____ Co-Guardian _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Work Phone _____ Employer _____

Driver's License # / State _____ SS# _____
 (optional) (optional)

In case of an EMERGENCY, please contact: _____ at phone # _____

How did you hear about our clinic? _____

Pet's Name	Cat/ Dog	Sex	Spayed/ Neutered	Age/ B-day	Breed	Color	Previous Vet

Has your pet had any previous serious illness or surgery? _____

Is your pet on any special diets or medications? _____

Does your pet have any known allergies to vaccinations or medications? _____

FEE POLICY

ALL NEW CLIENT and/or NEW ANIMAL EXAMS are \$120.00 and may take up to 45 minutes. We will gladly discuss estimates of services (please ask the doctor). This will be important to you since **ALL FEES MUST BE PAID IN FULL AT THE TIME SERVICES ARE RENDERED.** A deposit may be required for some services. There will be a \$35 service charge for any check returned unpaid.

I have read and understand the above fee policy. I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet(s). I assume full responsibility for all charges incurred in the care of my pet(s).

Will you be paying by: Cash _____ Check _____ Credit Card _____

Signature of Owner/Responsible Agent for Pet(s): _____ Date: _____