

## CLIENT REGISTRATION FORM

Primary Guardian \_\_\_\_\_ Co-Guardian \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

Pet's Name	Cat/ Dog	Sex	Spayed/ Neutered	DOB	Breed	Color/ Markings	Previous Veterinarian

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, medications, anesthesia? \_\_\_\_\_

May we post pictures of your pet(s) on our social media sites? Yes  No

Would you like to receive our quarterly electronic newsletter? Yes  No

**All initial consults/exams start at \$160 and require a deposit of \$60. A \$30 missed appointment fee will be assessed for all cancellations made less than 24 hours in advance. ALL FEES MUST BE PAID IN FULL AT THE TIME SERVICES ARE RENDERED. We accept cash, Visa, MasterCard, American Express, Discover and Care Credit.**

**DUE TO FEDERAL LAW, WE ARE NOT ABLE TO ACCEPT RETURNS ON ANY MEDICATIONS AND OTHER PRESCRIPTION ITEMS.**

*I have read and understand the above policies. I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet(s). I consent to the use of alternative medical therapies for my pet(s), including but not limited to acupuncture, herbal medicine, homeopathy, flower essences and nutritional supplements. I assume full responsibility for all charges incurred in the care of my pet(s).*

Signature of Guardian/Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_