CLIENT REGISTRATION FORM

Please Check One: ☐ New Client ☐ Current Client New Pet Date _____

Owner (Last name first) _____
Last First Middle Initial

Address _____
Street City State Zip Code

Home Phone ☐☐☐-☐☐☐-☐☐☐☐ Cell Phone ☐☐☐-☐☐☐-☐☐☐☐

Email Address _____

Spouse or Co-Owner's Name _____ Phone ☐☐☐-☐☐☐-☐☐☐☐

Email Address _____

Emergency Contact Person _____ Phone ☐☐☐-☐☐☐-☐☐☐☐

How did you first hear about Compassionate Care Animal Clinic? ☐ Website ☐ Yellow Pages ☐ Sign ☐ Newspaper
☐ Personal Recommendation *(Name, so we can thank them?* _____*)*
☐ Other _____

PET NO. 1

Name _____

Birth Date _____

Species: ☐ Cat ☐ Dog ☐ Other

Breed _____ Sex _____

Neutered? _____ Date _____

Date Last Vaccination _____

Last Rabies Vaccination _____

Where Shots Obtained _____

Long-Term Problems _____

_____

Current Medications, if any _____

_____

PET NO. 2

Name _____

Birth Date _____

Species: ☐ Cat ☐ Dog ☐ Other

Breed _____ Sex _____

Neutered? _____ Date _____

Date Last Vaccination _____

Last Rabies Vaccination _____

Where Shots Obtained _____

Long-Term Problems _____

_____

Current Medications, if any _____

_____

Reason for visit _____

_____

_____

_____

List names and types of any other pets you own _____

_____

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I assume responsibility for all changes incurred in the care of the animal. I also understand that these changes will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner or Agent _____ Date _____

Method of Payment: ☐ Cash ☐ Check ☐ MC® or VISA® ☐ Discover® ☐ AmEx ☐ Other _____

Submit