

## Client Registration Form

Owner's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Ph : \_\_\_\_\_ Work Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Spouse's Ph: \_\_\_\_\_

**Preferred Reminder Method (select all that apply):**      **Text**      **Email**      **Phone call**

**Do we have permission to text you with updates and/or labs results?** Yes  No

**Please provide us with your e-mail address to receive e-mail reminders and our PET PORTAL:**

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

### Pet Information:

**\*Pet's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Species:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Spayed / Neutered**

**\*Pet's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Species:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Spayed / Neutered**

**\*Pet's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Species:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Spayed / Neutered**

How were you referred to us? \_\_\_\_\_

May we post a picture of your pet on our Facebook page (no last name)? Yes  No

### Financial Agreement:

I assume financial responsibility for all charges incurred to this and any other patient brought in the future, and further understands that payment is due in full at the time of service. If I fail to pay the entire amount, I will be responsible for any administrative fees, and all lawyer collections and costs incurred in collecting the amount due.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_

**BE SURE TO VISIT OUR WEBSITE AND LIKE US ON FACEBOOK!**