



CLIENT REGISTRATION FORM

OWNER _____ SPOUSE _____
Last Name First Middle

STREET ADDRESS _____
Number Street City State Zip

MAILING ADDRESS _____

PHONE _____ ALTERNATE PHONE _____

OCCUPATION _____ EMPLOYER _____

E-MAIL ADDRESS _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

I am the owner or agents for the owner of the pet(s) described below and have the authority to authorize and procure services, treatment and products. I understand that I assume full financial responsibility for all services; treatment and products and that payment is due at the time services/treatment/products are provided.

SIGNATURE _____ DATE _____

PET(S) NAME _____ DOB _____

CANINE / FELINE / OTHER _____

BREED _____ COLOR _____

MALE / FEMALE _____ INTACT / CASTRATED / SPAYED _____

HOW LONG HAVE YOU OWNED YOUR PET(S)? _____

DATE OF LAST VACCINES _____ GIVEN BY _____

TYPE OF VACCINE _____

IS YOUR DOG/CAT ON HEARTWORM PREVENTION? NO / YES TYPE _____

DATE OF LAST HEARTWORM TEST? _____ RESULT _____

DATE OF LAST FELV/FIV TEST? _____ RESULT _____

MEDICAL PROBLEMS _____

MEDICATIONS _____

HOW CAN WE BEST HELP YOU CARE FOR YOUR PET(S)? _____

ARE YOU INTERESTED IN HOUSE/FARM CALLS? YES / NO _____

HOW DID YOU HEAR OF US? _____