==========CLIENT REGISTRATION FORM==========

Please check one: New Client Current Client-New Pet

Name_____
Last First Middle Initial

Address_____
Street P.O. Box City, State, Zip code

Home Phone No._____ Cell Phone No._____

Emergency No._____ Employer/Work No._____

Spouse/Co-Owners Name_____Work Phone _____

How did you first hear of us? _____

PET NO. 1	PET NO. 2
Name_____	Name:_____
Birthdate_____	Birthdate:_____
Species: Cat Dog Other_____	Species: Cat Dog Other_____
Breed_____Sex_____	Breed_____Sex_____
Neutered/Spayed_____Date_____	Neutered/Spayed_____Date_____
Date Last Vaccination_____	Date Last Vaccination_____
Where shots obtained_____	Where Shots Obtained_____
Any Long-Term Problems_____	Any Long-Term Problems_____
_____	_____
Current Medications_____	Current Medications_____
_____	_____

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 charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner or Agent_____Date_____
Methods of Payment Accepted: Cash, Check (NO CHECKS OVER $100), Visa, MC, Discover, and AMEX.