



# Welcome

## Client Registration Form

Owner Name: \_\_\_\_\_ Owner's Phone #: \_\_\_\_\_  
 Secondary Name: \_\_\_\_\_ Secondary's Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ (if applicable)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
 How did you hear about our clinic? \_\_\_\_\_  
 If recommended, by whom? \_\_\_\_\_  
 Number of pets: Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other (Specify): \_\_\_\_\_  
 Reason for visit: \_\_\_\_\_

Name of Pet: \_\_\_\_\_ Dog  Cat  Birthdate/Approximate Age: \_\_\_\_\_  
 Male  Neutered  Female  Spayed Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Are we authorized to post pictures of your pet on our social media?  Yes  No  
 Does your pet have a social media account? If so, what's their handle: \_\_\_\_\_  
 Pet Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Previous Veterinary Clinic(s): \_\_\_\_\_

Please check (✓) any symptoms or problems that you have noticed about your pet:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Behavioral Problems      | <input type="checkbox"/> Increase Thirst and/or Urination | <input type="checkbox"/> Shaking head |
| <input type="checkbox"/> Bleeding Gums            | <input type="checkbox"/> Lack of Appetite                 | <input type="checkbox"/> Sneezing     |
| <input type="checkbox"/> Breathing Problems       | <input type="checkbox"/> Limping                          | <input type="checkbox"/> Vomiting     |
| <input type="checkbox"/> Coughing                 | <input type="checkbox"/> Loss of Balance                  | <input type="checkbox"/> Weakness     |
| <input type="checkbox"/> Diarrhea                 | <input type="checkbox"/> Scooting                         | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Eye Bulging or Bloodshot | <input type="checkbox"/> Scratching                       |                                       |
| <input type="checkbox"/> Gagging                  | <input type="checkbox"/> Seems Depressed                  |                                       |

Diet – Type of food: \_\_\_\_\_ Brand: \_\_\_\_\_

Pet's current medications: \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for 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 services.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_