

PATIENT/CLIENT REGISTRATION

Date _____ How did you hear about us? _____

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Work _____ Cell _____

Email _____

Employer's Name and Address _____

In case of EMERGENCY, please call _____ at phone number _____

Opt in for text message confirmations

PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE

This policy helps control costs on which we base our fees

Social Security Number _____

Driver's License Number _____ State _____

Signature _____

PET INFORMATION

Name _____ Birthdate _____ Length of Ownership _____

Breed _____ Color _____

Sex: Male Female Altered: Yes No Indoor Outdoor

Pet Origin: ASPCA/Shelter Breeder Friend Pet Store Stray Other _____

Has your pet had any serious medical problems, allergies, or drug reactions in the past?

If so, please list them with approximate dates:

When was your cat last vaccinated against:

Rabies _____ Feline Distemper _____ Feline Leukemia _____

Where was your pet last vaccinated? _____

NOTIFICATION/AUTHORIZATION FOR ALL HOSPITALIZED AND BOARDED ANIMALS: To prevent the spread of external parasites, such as fleas, I hereby authorize the doctor to provide parasite control for my pet.

**I AM FINANCIALLY RESPONSIBLE FOR THE PATIENT DESCRIBED ABOVE AND
AGREE TO PAY ALL FEES INCURRED.**

Your Signature _____

Date _____