



## NEW CLIENT REGISTRATION FORM

CLIENT NAME: \_\_\_\_\_  
Last First

ADDRESS: \_\_\_\_\_  
Number Street Apt #

City State Zip Code

SS or Driver's License: (Must be provided to write checks) \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

OWNER: Mr. / Mrs. / Ms / Miss \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Address: \_\_\_\_\_

HOME: ( ) \_\_\_\_\_ Call First

WORK: ( ) \_\_\_\_\_ ext \_\_\_\_\_

CELL: ( ) \_\_\_\_\_

CO-OWNER/Spouse: Mr. / Mrs. / Ms / Miss \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Address: \_\_\_\_\_

HOME: ( ) \_\_\_\_\_ Call First

WORK: ( ) \_\_\_\_\_ ext \_\_\_\_\_

CELL: ( ) \_\_\_\_\_

### Pet 1

Pet's Name \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Breed \_\_\_\_\_ K-9  Fel

Color and Markings \_\_\_\_\_

Male  Male Neutered  Female  Fem Spayed

Other Pets? \_\_\_\_\_

### Pet 2

Pet's Name \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Breed \_\_\_\_\_ K-9  Fel

Color and Markings \_\_\_\_\_

Male  Male Neutered  Female  Fem Spayed

My Pets were last seen at \_\_\_\_\_ (Clinic) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone 1 ( ) \_\_\_\_\_ Phone 2 ( ) \_\_\_\_\_

How did you hear about us? Sign  Internet  Phone Book  Newspaper  Magazine  Newsletter

Friend  Who should we acknowledge? \_\_\_\_\_ Other

### PAYMENT POLICY/FINANCIAL RESPONSIBILITY AGREEMENT

Payment is required at the time of the visit. A deposit is required for extensive medical or surgical procedures. I understand that I am assuming full financial responsibility for all services rendered and that payment in full is due at the time of release.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DATE