**Client Registration Form**

|  |  |
| --- | --- |
| Owner(s) Names |  |
| Mailing Address |  |
|  |
| Physical Address (if different) |  |
|  |
| Preferred Phone #  |  (circle type – cell landline other\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| Secondary Phone #  |  (circle type – cell landline other\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **E-mail address** |  |
| Cell phone receives texts  | Yes No (please circle) |
| Date of Birth |  |
| Driver License # / State |  |
| Employer |  |
| Work Phone |  |
| ***Other Authorized Agent(s)*** |  |
| Emergency Contact |  |
| Emergency Phone # |  |
| How did you first hear of us? | [Personal referral] [Yellow pages] [Sign] [Newspaper] [Website] [Facebook] [Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |
| How many pets do you own? |  |

**We accept cash, personal checks, all major credit cards, and Care Credit.**

Methods of Intended Payment [ ] Cash [ ] Check [ ] Credit Card [ ] Care Credit

**I hereby authorize the Veterinarians to examine, prescribe for, and/or treat any/all of my pet(s). I have the authority to execute this consent and am over the age of 18 years. I assume responsibility for all fees rendered in the care of this/these animal(s). I also understand that these charges will be paid in full at the time of release and that a deposit may be required for surgical treatment.**

*Signature of Owner/Authorized Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*