



# standale

## CLIENT REGISTRATION FORM

VETERINARY HOSPITAL

DATE \_\_\_\_\_

Please Check One:  New Client  Current Client – New Pet

Owner \_\_\_\_\_

Last First Middle Initial

Address \_\_\_\_\_

Street City State Zip

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Spouse or Co-Owner's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

### PET NO. 1

### PET NO. 2

Name \_\_\_\_\_

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Birth Date \_\_\_\_\_

Species \_\_\_\_ Cat \_\_\_\_ Dog Other \_\_\_\_\_

Species \_\_\_\_ Cat \_\_\_\_ Dog Other \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_

Neutered? \_\_\_\_\_

Neutered? \_\_\_\_\_

Date Last Vaccination \_\_\_\_\_

Date Last Vaccination \_\_\_\_\_

Last Rabies Vaccination \_\_\_\_\_

Last Rabies Vaccination \_\_\_\_\_

Where Shots Obtained \_\_\_\_\_

Where Shots Obtained \_\_\_\_\_

Long-Term Problems \_\_\_\_\_

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. I hereby grant Standale Veterinary Hospital permission to use any photographs of my pet in any and all of its publications, including website, without payment or any other consideration.

Signature of Owner of Agent \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment \_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ MC/Visa \_\_\_\_ Discover Other \_\_\_\_\_