



# New Client Registration Form

## Client/Owner Information

Owner Name: \_\_\_\_\_ Co-owner: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

## Pet Health History *Please list additional pets on an additional pet sheet*

Pet Name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Spayed/Neutered: \_\_\_Y N\_\_\_ Microchipped: \_\_\_Y N\_\_\_

Previous Vet Clinic: \_\_\_\_\_ Last Vet Visit: \_\_\_\_\_

Current Medications/Known Medical Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Diet: \_\_\_\_\_

How does this pet do at veterinary visits:

Happy/Calm 1    2    3    4    5    6    7    8    9    10    Anxious/Fearful

Favorite kind of treat: \_\_\_\_\_ Favorite place to be petted: \_\_\_\_\_

Please check any symptoms or problems you have with your pet:

Aggression    Appetite Change    Arthritis    Behavioral Changes    Bleeding    Breathing Problems

Constipated    Coughing    Dementia    Depressed    Diarrhea    Fearful    Gagging    Hiding

Increased thirst and/or urination    Limping    Loss of balance    Vomiting    Weakness/lack of energy

Other: \_\_\_\_\_

## Authorization for Treatment

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Forms of Payment Accepted: Visa/MC/Discover/Debit/Cash/Check/Care Credit

Signature: \_\_\_\_\_ Date: \_\_\_\_\_