



# Client Registration Form

Thank you for the opportunity to care for your pet. We'll be happy to answer any questions you may have regarding your pet's health. To ensure the best care possible, please take time to completely fill out this form. Thank you.

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

Owner: \_\_\_\_\_ Spouse: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Spouse: \_\_\_\_\_

E-mail: \_\_\_\_\_ Spouse E-mail: \_\_\_\_\_

How did you hear about our hospital? \_\_\_\_\_

Reason for visit \_\_\_\_\_

## Pet Health History

Name of Pet: \_\_\_\_\_ Check one:  Dog  Cat

Breed: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Check one:  Male  Female

Neutered  Spayed

Previous Veterinarian: \_\_\_\_\_

## Please check any symptoms or problems you have noticed about your pet:

Behavioral

Lack of Appetite

Shaking Head

Bleeding Gums

Limping

Sneezing

Breathing Problems

Loss of Balance

Increased Thirst

Cough

Scooting/Scratching

Increased Urination

Diarrhea/Vomiting

Seems Depressed

Weakness

Other, Please explain: \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I agree to pay for all the services when rendered, and all medications, goods, and supplies when purchased. I understand that a deposit may be required for surgical or medical treatment. All accounts that are not paid in full within 25 days of the date billed will be subject to a late charge of 1.5% per month (18% per annum) on the unpaid balance. In the event of the default, the undersigned further agrees to pay reasonable attorney fees (not to exceed 15% of unpaid balance) and the court costs in addition to any late charges applicable. Any account past due over 25 days may be subjected to interest, late fees, collection costs and/or returning fees.

Signature of owner/agent: \_\_\_\_\_