



CLIENT REGISTRATION

Owner's Name/s _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Cell Phone #1 _____

Work Phone _____ Cell Phone #2 _____

Employer & Address _____

Driver's License Number _____ State _____

Email _____

*Please enroll me as a registered member of the hospital website: Yes No

*Please subscribe me to the **FREE** Pet Living & Wellness Newsletter: Yes No

Topics of Interest: Dogs Cats Horses Birds Reptiles Rodents Dr/Member Announcements.

Please note: Your privacy is important to us.

All information received in all forms and through other communications is subject to our **Patient Privacy Policy**.

How did you first hear of us? Phonebook Location/Sign Internet/Website

Individual: Someone we can thank? _____

Other _____

I hereby authorize the veterinarian to examine, prescribe for, or treat, my pet(s). I assume responsibility for all charges incurred in the care of my pets(s). I also understand that these charges will be paid at the time of release, and that a deposit may be required for any surgical treatment.

Signature of Owner/Agent _____ Date _____