

**THE VETS ANIMAL HOSPITAL  
CLIENT REGISTRATION FORM**

DATE \_\_\_\_\_

CSR \_\_\_\_\_

**CLIENT INFORMATION (Please print):**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ TITLE \_\_\_\_\_  
SPOUSE \_\_\_\_\_ DL # \_\_\_\_\_ (FOR CHECKS)

**MAILING ADDRESS**

ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

**BEST CONTACT METHOD:** CELL \_\_\_\_\_ HOME \_\_\_\_\_ EMAIL \_\_\_\_\_ WORK \_\_\_\_\_ OTHER \_\_\_\_\_

**WHAT TIME OF DAY IS BEST TO REACH YOU?** MORNING \_\_\_\_\_ AFTERNOON \_\_\_\_\_ EVENING \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

WE OFFER LOTS OF TREATS TO PETS AND HAVE RESIDENT CATS!

**ARE THERE ANY FOOD ALLERGIES IN YOUR FAMILY HOUSEHOLD THAT WE SHOULD KNOW ABOUT?**

NO \_\_\_\_\_

YES \_\_\_\_\_ ALLERGENS: \_\_\_\_\_

**EMAIL IS THE MAIN FORM OF COMMUNICATION FOR REMINDERS. YOUR EMAIL WILL NOT BE SHARED.**

**E-MAIL ADDRESS**

**HOW DID YOU HEAR ABOUT US?** INTERNET \_\_\_\_\_ DRIVE BY \_\_\_\_\_ WEBSITE \_\_\_\_\_ ONLINE REVIEW SITE \_\_\_\_\_

REFERRAL \_\_\_\_\_ WHO MAY WE THANK FOR REFERRING YOU? \_\_\_\_\_

**IN CASE OF EMERGENCY**, IF YOU ARE NOT AVAILABLE, WHO SHOULD WE CONTACT?

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

**PRIOR VET CLINIC (s):** \_\_\_\_\_ **NUMBER:** \_\_\_\_\_

\_\_\_\_\_ **NUMBER:** \_\_\_\_\_

**PET(s) INFORMATION:**

1) NAME \_\_\_\_\_ SPECIES \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_

DOB \_\_\_\_\_ GENDER? MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ SPAYED OR NEUTERED? YES \_\_\_\_\_ NO \_\_\_\_\_

MICROCHIP? YES \_\_\_\_\_ NO \_\_\_\_\_ NOT SURE \_\_\_\_\_

2) NAME \_\_\_\_\_ SPECIES \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_

DOB \_\_\_\_\_ GENDER? MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ SPAYED OR NEUTERED? YES \_\_\_\_\_ NO \_\_\_\_\_

MICROCHIP? YES \_\_\_\_\_ NO \_\_\_\_\_ NOT SURE \_\_\_\_\_

ARE THERE OTHER PETS IN THE HOUSE? PLEASE LIST THEM BELOW (include name, age, gender and species):

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

**SOCIAL MEDIA AUTHORIZATION:** I AUTHORIZE THE VETS ANIMAL HOSPITAL, LLC TO USE PHOTOS OF MY PETS ON SOCIAL MEDIA FOR EDUCATIONAL, MARKETING OR ENTERTAINMENT PURPOSES. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**PAYMENT POLICY**

PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK, CARE CREDIT AND ALL MAJOR CREDIT CARDS. PLEASE FEEL FREE TO ASK FOR A TREATMENT PLAN PRIOR TO RECEIVING SERVICES. A fee of 18% (minimum \$5.00) will be added to all accounts over 60 days past due.

I AM AT LEAST **18 YEARS OF AGE**, AND WILL BE FINANCIALLY RESPONSIBLE FOR ANY CHARGES INCURRED FOR THE CARE OF MY PETS.

**SIGNATURE**

**DATE**

THANK YOU FOR CHOOSING US! WE LOOK FORWARD TO WORKING WITH YOU AND CARING FOR THE NEEDS OF YOUR ANIMAL FRIENDS.