



Client Registration

PLEASE PRINT LEGIBLY

Today's Date _____

Owner's Name _____ Spouse _____

Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Spouse's Employer _____ Work Phone _____

Emergency Contact _____ Phone _____

Patient Information

Pet's Name _____ Canine / Feline _____ Breed _____

Date of Birth _____ Sex: Male / Female _____ Altered? Y / N _____ Color/Markings _____

Previous Veterinarian _____ Phone _____

Indoor Outdoor Both

Please List Previous Health Problems:

REFERRED BY: Sign/Location Money Mailer Friend _____
 Yellow Pages Val-Pak Coupon Other _____

TO PAY BY CHECK, PLEASE COMPLETE THIS SECTION.

Social Security # _____ Date of birth _____

or Driver's License # _____ Indiana Other _____

I understand and authorize all dishonored checks to be electronically debited from my account, plus a processing fee and applicable taxes.

Payment is required at time of service

If collection services are required for payment, a collection fee of 35% will be assessed.

Signature of Owner _____ Date _____