

Client Registration Form

E-Mail Address: _____

PLEASE PRINT:

Last Name	First Name	Middle Initial	Date of Birth
Number/Street	City	Zip	Home Phone #

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

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](#).

Self Information		Spouse's Information	
Cell Phone #		Name	
Employer		Cell/Wk #	
Work Phone #		Employer	
Alt. #		Alt. #	
Driver's Lic#		Driver's Lic#	

Pet's Name		Pet's Name		Pet's Name	
Breed	M/F	Breed	M/F	Breed	M/F
Color	Altered: yes / no	Color	()ALT () Spayed	Color	Altered: yes / no
Age	Birthdate	Age	Birthdate	Age	Birthdate

All payments are due at the time of services rendered.

We accept cash, checks, all major credit cards & Care Credit which can be approved in as little as 10 minutes. I have read and understand the above statements and agree to all terms therein.

Signature of Owner: _____ Date: _____

THANK YOU FOR CHOOSING US TO HELP KEEP YOUR PETS HAPPY AND HEALTHY