



**CLIENT/PATIENT REGISTRATION FORM**

FOR OFFICE USE ONLY	
First Visit:	_____
Client ID#	_____

OWNER: \_\_\_\_\_ SPOUSE/OTHER: \_\_\_\_\_  
LAST FIRST M

ADDRESS: \_\_\_\_\_  
STREET APT # CITY STATE ZIP

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

EMPLOYER: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**How did you hear about us?** Friend/family  Yellow Pages  Online  Website  Search Engine   
Driving By  Other: \_\_\_\_\_

**We would like the opportunity to thank the individual that referred you to our hospital through our client referral program.**

Who referred you to our hospital? Name: \_\_\_\_\_

**PATIENT INFORMATION**

**Additional pets may be registered on the back of this form**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

SPECIES: Cat  Dog  BREED: \_\_\_\_\_

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SEX: NEUTERED  MALE  FEMALE  SPAYED

SEX: NEUTERED  MALE  FEMALE  SPAYED

COLOR: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

COLOR: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

MICROCHIP? YES NO Number \_\_\_\_\_

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PREVIOUS HEALTH PROBLEMS: \_\_\_\_\_

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**PREVIOUS VETERINARIAN:**

\_\_\_\_\_  
Hospital Name Location Phone

**\*If your pet(s) have a MICROCHIP, please provide us with the registration number in the spaces above, and always ensure the information registered with the microchip company is current. If your pet was lost, providing us with this number allows us to scan your pet and match it to the patient record, allowing us to easily locate you. An unregistered microchip or a microchip registered to an incorrect name or address is like having no microchip at all! We will be happy to scan your pet for you today.**

↓ **OVER** ↓

**PATIENT INFORMATION CONTINUED**

NAME: \_\_\_\_\_

SPECIES: Cat  Dog  BREED: \_\_\_\_\_

SEX: NEUTERED  MALE  FEMALE  SPAYED

COLOR: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

MICROCHIP? YES NO Number \_\_\_\_\_

PREVIOUS HEALTH PROBLEMS: \_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_

SPECIES: Cat  Dog  BREED: \_\_\_\_\_

SEX: NEUTERED  MALE  FEMALE  SPAYED

COLOR: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

MICROCHIP? YES NO Number \_\_\_\_\_

PREVIOUS HEALTH PROBLEMS: \_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_

SPECIES: Cat  Dog  BREED: \_\_\_\_\_

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COLOR: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

MICROCHIP? YES NO Number \_\_\_\_\_

PREVIOUS HEALTH PROBLEMS: \_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_

SPECIES: Cat  Dog  BREED: \_\_\_\_\_

SEX: NEUTERED  MALE  FEMALE  SPAYED

COLOR: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

MICROCHIP? YES NO Number \_\_\_\_\_

PREVIOUS HEALTH PROBLEMS: \_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION**

**I assume full responsibility for all charges incurred for the care of my pet(s). I also understand that payment is due in full at time of service, and that a deposit may be required for surgical treatment or prolonged hospitalized care. We gladly accept cash, check, VISA, MasterCard, and Discover.**

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_