

HOLY FAMILY PET CARE CENTER, PLLC

Client Registration Form

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:

\_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Spouse's Employer's Name: \_\_\_\_\_

Please note a time what is the best time to call you with information about your pet: \_\_\_\_\_

What phone number is best to reach you at with information about your pet: \_\_\_\_\_

How did you learn of our services? \_\_\_\_\_

If you were recommended to us, whom may we thank? \_\_\_\_\_

In case of an emergency who should we call? \_\_\_\_\_

Phone Number: \_\_\_\_\_

Pet Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_ Male: \_\_\_ Female: \_\_\_ Neutered: yes: \_\_\_ no: \_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

From where may we obtain previous veterinary records? \_\_\_\_\_

Existing medical problems, if any: \_\_\_\_\_

**I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of above said animal. I also understand that these charges shall be paid at the time services are rendered.**

Signature of owner or agent: \_\_\_\_\_

Method of payment: Cash: \_\_\_ Check: \_\_\_ Credit Card: \_\_\_ Debit Card: \_\_\_

**ADDITIONAL PETS**

**Pet Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_ Male: \_\_\_ Female: \_\_\_ Neutered: yes: \_\_\_ no: \_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_ Male: \_\_\_ Female: \_\_\_ Neutered: yes: \_\_\_ no: \_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_ Male: \_\_\_ Female: \_\_\_ Neutered: yes: \_\_\_ no: \_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_ Male: \_\_\_ Female: \_\_\_ Neutered: yes: \_\_\_ no: \_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Thank you for giving us the opportunity to work with you and your pet.**