

CLIENT REGISTRATION FORM

Name _____
Last First

Address _____
Street City, State, Zip Code

Driver's License # _____ Phone # _____ Email address _____

Employer _____ Work Phone _____

Spouse or Co-Owner's Name _____

Employer _____ Work Phone _____

How did you first hear of us ? _____
(Referral, Website, Yellow Pages, Yelp!, Sign, etc.)

PET NO. 1

PET NO. 2

Name _____

Name _____

Age _____

Age _____

Species: Cat ____ Dog ____ Other ____

Species: Cat ____ Dog ____ Other ____

Breed _____ Sex _____

Breed _____ Sex _____

Color _____

Color _____

Spay/ Neutered? _____

Spay/Neutered? _____

Date of Last Vaccination _____

Date Last Vaccination _____

Where Shots Obtained _____

Where Shots Obtained _____

Current Medications, or pre-existing conditions:

Current Medications, or pre-existing conditions:

Reason for visit _____

List names and types of any other pets you own _____

I hereby authorize the veterinarian/groomer of Randhurst Animal Hospital to examine, prescribe for treat or or groom the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment and hospitalized patient.

Method of Payment : Cash ____ Check ____ Credit Card ____ Care Credit ____

Signature of Owner or Agent _____ Date _____