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 ? _____
(Person's Name, Yellow Pages, Sign, Newspaper, Other)

PET NO. 1

Name _____

Age _____

Species: Cat _____ Dog _____ Other _____

Breed _____ Sex _____

Color _____

Spay/ Neutered? _____

Date of Last Vaccination _____

Where Shots Obtained _____

Current Medications, if any _____

_____

PET NO. 2

Name _____

Age_____

Species: Cat ____ Dog _____ Other _____

Breed _____ Sex _____

Color _____

Spay/Neutered? _____

Date Last Vaccination _____

Where Shots Obtained _____

Current Medications, if any _____

_____

Reason for visit _____

List names and types of any other pets you own _____

I hereby authorize the veterinarian/groomer of Des Plaines Family Pet Clinic to examine, prescribe for, treat, 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.

Method of Payment : Cash _____ Check _____ Credit Card _____

Signature of Owner or Agent _____ Date _____

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