

Client Registration Form

Client Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone#: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Spouse's Employer: \_\_\_\_\_  
Email Address \_\_\_\_\_

Do you have/used to have other pets with us (if so please give name(s))?  
\_\_\_\_\_

Pet Information

Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered: Yes \_\_\_\_\_ No \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Color(s): \_\_\_\_\_  
Date of Last Booster Vaccination: \_\_\_\_\_  
Canine: Vaccinated Against? Distemper \_\_\_\_\_ When? \_\_\_\_\_  
Bordetella \_\_\_\_\_ When? \_\_\_\_\_  
Rabies 1yr or 3yr. \_\_\_\_\_ When? \_\_\_\_\_  
Lymes \_\_\_\_\_ When? \_\_\_\_\_  
Heartworm Test \_\_\_\_\_ When \_\_\_\_\_  
On Preventative? \_\_\_\_\_ if so what type \_\_\_\_\_  
Feline: Vaccinated Against? Distemper \_\_\_\_\_ When? \_\_\_\_\_  
Leukemia \_\_\_\_\_ When? \_\_\_\_\_  
Rabies 1yr or 3yr. \_\_\_\_\_ When? \_\_\_\_\_  
Felv/Fiv Test \_\_\_\_\_ When ? \_\_\_\_\_ Results \_\_\_\_\_  
Referred By: \_\_\_\_\_  
Saw Our Sign? \_\_\_\_\_ Telephone Book? \_\_\_\_\_

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