**NEW CLIENT REGISTRATION**

**PET PARENT INFORMATION**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT/AGENT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Agent\*. You must provide an adult, over the age of 18, as your agent. Your agent must also be someone other than the primary Pet Parent(s) and should not be someone traveling with you if you are leaving town. If we cannot reach you, you will authorize us to contact your agent. You agree that your agent shall have your full and complete authority to make any and all decisions, including those related to the health of your pet and the expenditure of funds for or on behalf of you and your pet.

**MEDICAL CARE**

If, in our judgement, your pet(s) require medical care, you agree to be solely responsible for the payment of all medical bills for your pet(s) and you release Cooper’s Country Retreat, Its officers, directors, agents, and employees of and from any and all responsibility for, or claims, damages, or debts arising out of or related to such medical care, including but not limited to:

Transportation to/from the veterinarian clinic and choice of veterinarian or animal hospital.

\_\_\_\_\_ I agree

(initials)

**AUTHORIZED PICKUP**

If you verbally (by telephone) or in writing (fax, email, text, or otherwise) request that Cooper’s Country Retreat release your pet(s) to someone other than the person(s) listed as owner then you release Cooper’s Country Retreat of and from any and all responsibility for releasing your pet(s) to any person(s) Cooper’s Country Retreat believes to be authorized by you. Photo ID will be required for authorized person at pickup.

\_\_\_\_\_ I agree

(initials)

**VETERINARY INFORMATION**

Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How did you hear about us?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_