



Client # _____
For office use only

Client Registration Form

Owner: _____ DL# _____
Address: _____
City: _____ State: _____ Zip Code: _____
Spouse/Partner _____
Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____
If recommended, by whom? _____
E-mail address: _____

Pet Information

Pet #1

Name _____
Species Dog Cat Other
Breed _____ Female Male
Color _____
Birth Date _____ Age _____
Spayed/Neutered? Yes No
Vaccine History: (date & type of last vaccinations) _____

Pet #2

Name _____
Species Dog Cat Other
Breed _____ Female Male
Color _____
Birth Date _____ Age _____
Spayed/Neutered? Yes No
Vaccine History: (date & type of last vaccinations) _____

Photo Consent: We love social media! Do we have your permission to share your pet's image and story on social media, our website & other forms of related media? Your name and personal information will never be shared. Simply initial below to authorize this.

_____ Yes. I authorize Wellspring Animal Hospital to share my pet's photo and story.
_____ No. I do not authorize this

Authorization

I hereby authorize Wellspring Animal Hospital, their agents, servants and representatives, full and complete authority to examine, prescribe for, or treat the above pet(s). I assume responsibility for all charges incurred in the case 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 treatment. My signature acknowledges my consent to receiving emails, texts (SMS), auto-dialed and/or artificial or pre-recorded messages to my cellular phone, telephone, or email provided by me to Wellspring Animal Hospital or its affiliates and their agents. This consent includes, without limitation, account management companies and independent contractors. I understand that consenting to the above is **not** required to receive services.

Signature of Owner _____ Date _____

Method of payment Cash Check Visa MasterCard other