

# CLIENT REGISTRATION FORM

Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Best Daytime Phone: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ DL#: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ DOB: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Occupation: \_\_\_\_\_ How long at this job? \_\_\_\_\_  
Co-Owner: \_\_\_\_\_ Co-Owner DL#: \_\_\_\_\_  
Co-Owners Employer \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Dog Cat Other: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Sex: Male Female Neutered? Yes No Microchip #: \_\_\_\_\_



Pet's Name: \_\_\_\_\_ Dog Cat Other: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Sex: Male Female Neutered? Yes No Microchip #: \_\_\_\_\_

Do you grant us permission to share your pets' photos to our social media (i.e. Facebook, Twitter and website)?  
Yes No

**How would you like to receive reminders of your pet's health care needs?**

Postcard \_\_\_ Email \_\_\_ Text \_\_\_ (best number to use: \_\_\_\_\_)

**How did you choose us for your veterinary care (check all that applies)?**

\_\_\_ Telephone book \_\_\_ Facebook \_\_\_ Our Sign \_\_\_ Chamber of Commerce \_\_\_ Billboard  
\_\_\_ Recommended by a friend\* \_\_\_ Care Credit \_\_\_ Internet Search \_\_\_ Other \_\_\_\_\_

\*We would like to thank them! Please provide their name: \_\_\_\_\_

**Help us help you by indicating the level of service you would like for your pet:**

- \_\_\_ 1. Please use your discretion in providing health care (e.g., dental care, medicated baths if needed, etc.). I will be responsible for all fees.  
\_\_\_ 2. Please ask before providing any services other than those specifically requested.

We require payment at time of service. Please indicate your payment preference:

\_\_\_ Cash \_\_\_ Check \_\_\_ Credit Card \_\_\_ Debit Card \_\_\_ Care Credit  
\_\_\_ I cannot pay for services today.

Are your pets insured? \_\_\_ No \_\_\_ Yes Which Company? \_\_\_\_\_

**If you have been dissatisfied at another vet hospital, please tell us why so we can keep you happy!** \_\_\_\_\_

**Signature of person presenting this pet:** \_\_\_\_\_

If you are not the owner, please indicate your relationship to the owner:

\_\_\_\_\_



## ADMISSION INFORMED CONSENT

OWNER: \_\_\_\_\_ PET: \_\_\_\_\_

I, being responsible for the above-named pet, have the authority to grant my consent to provide veterinary services for said pet. I understand that you will use all reasonable precautions against injury or harm to my pet. You will not be held liable or responsible for circumstances beyond your control, as I assume all risks.

I understand that if my pet is not current on vaccinations for contagious diseases (distemper/parvo/ & kennel cough for dogs; distemper/upper respiratory viruses for cats), and Rabies, that the appropriate vaccinations will be administered upon hospitalization and the normal fees will be added to my charges. This is for the protection of my own pet as well as others in the hospital. **If fleas are present on my pet, he/she will be treated at the normal fee for this service.**

I acknowledge that risks and possibilities of complications exist in any surgical or medical treatment and when boarding or being groomed, and that no guarantee can be made as to results or cure. I consent to the administration of such anesthesia as may be deemed proper by the doctor. Should an unknown condition exist that requires the use of life-saving drugs or procedures (i.e., CPR, oxygen, etc.), I consent to their use and agree to pay for administration.

I understand that I may ask for & will receive estimates on fees at any time. I understand that complicated medical conditions may require tests and procedures that are difficult to foresee, and that I may request and be provided with updates daily.

I understand that all charges must be paid in full before my pet is released from the hospital.

### Our Code of Conduct:

*We promise to treat you and your pet with kindness and respect. We expect you to do the same for us. We promise to be fair, friendly and firm when needed. Yelling and profanity will not be tolerated. We are careful to charge fair fees and provide good value for you and your pet. We appreciate your efforts to do your part and take care of charges as services are provided.*

After carefully reviewing the above, I have signed in agreement:

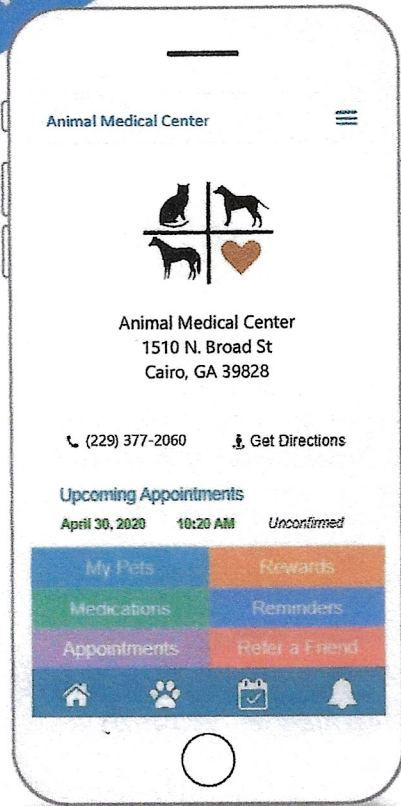
Date: \_\_\_\_\_ Signed: \_\_\_\_\_





DOWNLOAD TODAY!

CLINIC ID: 5236    CLIENT ID: \_\_\_\_\_



# INTRODUCING OUR NEW VETSCENE APP

Access your pet's Patient Portal through our **FREE** VetScene app. Your pet's health care at your fingertips!

- REQUEST YOUR NEXT APPOINTMENT
- UPLOAD A PHOTO OF YOUR PET
- REQUEST PRESCRIPTION REFILLS
- SEE YOUR REMINDER HISTORY
- TAKE A SURVEY
- LEAVE A REVIEW
- AND MUCH MORE!



FIND VETSCENE  
IN THE APP STORES

