



## Client/Patient Registration Form

Client ID:	
Animal ID:	

CLIENT INFORMATION					
Client Name 1:				Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				Postal Code:	
Phone Numbers:	Home:	Work:	Cell:	Fax:	
Email Address:					
Preferred method of contact:	<input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Email				
Client Name 2:				Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				Postal Code:	
Phone Numbers:	Home:	Work:	Cell:	Fax:	
Email Address:					
Preferred method of contact:	<input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Email				
Who has decision-making authority? <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Either Client 1 <u>or</u> 2					
EMERGENCY CONTACT INFORMATION					
Name:					
Address:				Postal Code:	
Phone Numbers:	Home:	Work:	Cell:	Fax:	
Email Address:					
In the event that I am unavailable, the individual named above is authorized to: <input type="checkbox"/> Make <b>medical</b> and <b>financial</b> decisions on my behalf regarding the animal named below up to \$_____. Payment arrangements must be made in advance of any medical services.					
PATIENT INFORMATION					
Name:					
Species:	<input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other: _____		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	
Breed:	Colour:		Markings:		
Microchip:	Tattoo:		Date of Birth:		
Known allergies:					
Current medications, supplements, food:					
Reason(s) for visit:					
Previous Veterinarian/Clinic:			Phone:		

**PAYMENT POLICY: I acknowledge that I will be provided with an estimate of cost that I must authorize prior to any services performed and that payment is due the day services are rendered.**

Client Signature

Client Signature

Date