

WEST PINE ANIMAL HOSPITAL & PET RESORT

CLIENT REGISTRATION FORM

Please Check One: New Client Current Client/New Pet

Name _____

First

Middle Initial

Last

Driver's License Number/State/Exp _____ E-Mail _____

Mailing Address _____

City, State, Zip Code _____

Phone No. Home: _____ Cell/ Emergency No. _____

Place of Employment/Phone Number _____

Spouse or Co-Owner's Name and Phone No _____

Spouse Place of Employment/Phone Number _____

How did you hear about us? _____

PET NO. 1

Name _____

Dog Cat Male Female

DOB or Estimated Age _____

Breed _____

Color _____

Spayed or Neutered? _____

Reason for visit _____

PET NO. 2

Name _____

Dog Cat Male Female

DOB or Estimated Age _____

Breed _____

Color _____

Spayed or Neutered? _____

Reason for visit _____

PET NO. 3

Name _____

Dog Cat Male Female

DOB or Estimated Age _____

Breed _____

Color _____

Spayed or Neutered? _____

Reason for visit _____

PET NO. 4

Name _____

Dog Cat Male Female

DOB or Estimated Age _____

Breed _____

Color _____

Spayed or Neutered? _____

Reason for visit _____

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s).

I assume responsibility for all charges incurred in the care of these pet(s).

I understand full payment is expected at the time services are rendered.

I understand a deposit may be required for hospitalization and/or treatment.

Owner Signature _____ Date _____

There is a \$25.00 fee for all returned checks