

Animal Healing Center

Client Registration Form

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Please Check One: New Client Current Client-New Pet

Name _____ Spouse/Co-Owner _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Spouse Phone _____

Email Address _____

Emergency Contact: Name _____ Phone _____

How did you first hear of us? _____

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Pet Information

Name _____ Species Cat Dog

Birth Date (or age) _____ Sex _____ Neutered? _____

Breed _____

Any Long-Term Problems _____

Current Medications, if any _____

Reason for today's visit _____

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I hereby authorize the veterinarian at Animal Healing Center to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care 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 surgical treatment.

Signature of Owner or Agent _____

Date _____