

Client Registration

Owner: _____ Co-Owner / Spouse: _____
(Last) (First) (Last) (First)

Address: _____
(Street) (City, State, Zip)

Primary Phone: () _____ - _____

Work Phone: () _____ - _____ May we call you at work? ___ Yes ___ No

Cell Phone: () _____ - _____

Co-Owner's Cell Phone: () _____ - _____ Co-Owner's Work Phone: () _____ - _____

Email address: _____ (To be used for your pet's health reminders)

How did you hear of us? _____ (If recommendation, please give person's name)

Occupation: _____

Employer's Name and Address: _____

Co-Owner's Occupation: _____

Co-Owner's Employer Name and Address: _____

EMERGENCY Contact (other than owner/co-owner) _____ Phone: () _____ - _____

Previous Veterinary Clinic _____

Your Pet's Information:

Pet's Name: _____ Dog ___ Cat ___ Breed: _____

Male ___ Female ___ Neutered ___ Spayed ___ Color: _____

Birth Date: ___/___/___ or Approximate Age _____ Acquired Pet From: _____

Pet's Name: _____ Dog ___ Cat ___ Breed: _____

Male ___ Female ___ Neutered ___ Spayed ___ Color: _____

Birth Date: ___/___/___ or Approximate Age _____ Acquired Pet From: _____

(Please continue additional animals on back of form →)

Authorization

I hereby authorize Lake Mills Veterinary Clinic to release information about my pet(s) to any veterinary clinic, groomer, boarding kennel, daycare facility, humane society or rescue for the following calendar year.

Yes _____ or No, I prefer to notify you directly per situation _____ (please initial one option)

I hereby authorize the veterinarian to examine, prescribe for, or treat my pets. I assume responsibility for all charges incurred in the care of these animals. I also understand that these charges will be paid at the time of service and that a deposit may be required for hospitalized or surgical procedures.

Signature of Owner _____

Date: ___/___/___