

Client Registration

Owner Information

Last Name: _____ First Name: _____

Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Home Phone#: _____ Cell Phone#: _____

Driver's License#: _____ Email Address: _____

(Please list e-mail if you would like to receive vaccination reminders)

Place of Employment: _____ Work #: _____

Spouse/Co-Owner: _____

Cell Phone: _____ Work#: _____

Pet Information

Pet's Name: _____ Male: _____ Neutered: _____

Female _____ Spayed _____

Estimated Age: _____ OR Date of Birth: _____

Breed: _____ Color: _____

Your Current Vet Clinic: _____ Phone#: _____

Date of Last Vaccination: _____ Microchipped: Y N

Known Allergies: _____

Any Medications your pet is currently on: _____

I hereby authorize the Veterinarian to examine, prescribe, or treat the above described pet(s). I assume the responsibility for all charges incurred in the care of this animal(s). I also understand **ALL charges will be paid AT THE TIME SERVICES ARE RENDERED** and a minimum deposit of the low end of my estimate is required before my animal is hospitalized or treated (when necessary). **I give Animal Medical Center permission to release my records when verbally requested by a veterinarian, veterinary hospital/clinic, boarding or grooming facility.**

Signature: _____ Date: _____

Payment

We accept Cash, Debit, VISA, MasterCard, American Express, Discover, and CareCredit. We also will happily accept checks but are subject to clearance from Telechek beforehand.

How did you hear about us? Phone book _____ Friend _____ Internet _____ Regular Vet _____ Other _____