# CLIENT REGISTRATION

Owner's Name _____ (Last / First / MI) Spouse's Name _____ (Last / First / MI)

Address _____ (City / Zip)

Home Phone _____ Work Phone _____

Spouse's Work Phone _____ Cell Phone _____

Employer _____ Spouse's Employer _____ E-mail _____

**ALL FEES ARE DUE AT TIME SERVICES ARE RENDERED.** Please indicate your choice of payment.

_____ Cash _____ Check _____ Debit/Check Card _____ Master Card/Visa/Discover

* Please notify your technician if you would like an estimate of cost before services are rendered.

# PET INFORMATION

Name _____ Breed _____ Sex _____ Color _____ Date of Birth (or apprx age) _____

Neutered? Yes or No (Circle one)

Currently on heartworm prevention? Yes or No (Circle one)

Please list type of food(s) fed _____

My pet stays: Inside Outside Inside/Outside (Circle one)

**FOR OFFICE USE ONLY**

| Date | DHP-PV | Bordetella | Lepto- | Rabies | FVRCP | FELV | Heartworm Test | Leukemia Test | FIV Test | Fecal | Weight |
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