



The Standard of
Veterinary Excellence

Welcome to our Clinic

CLIENT REGISTRATION FORM

CLIENT INFORMATION *Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following information:*

Last Name: _____ First: _____ Spouse: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____ # of Pets _____ Pet Insurance? Y / N

How Did You Hear About Our Hospital? Individual Referral (Someone we may thank): _____

Yellow Pages _____ Hospital Sign (Drove by) _____ Internet _____ Other _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. This policy helps control costs on which we base our fees. If you wish to pay by check or credit card, please complete the following information:

Driver's License # _____ State _____ Credit Card Type: Visa/MC/Amex/Discover/Care Credit

At what hospital was your pet last vaccinated or treated: _____ City _____

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

NOTIFICATION/AUTHORIZATION: TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I AUTHORIZE CROSSROADS VETERINARY CLINIC TO PROVIDE VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET. I AM FINANCIALLY RESPONSIBLE FOR THE PATIENT(S) DESCRIBED ON PAGE TWO OF THIS FORM AND AGREE TO PAY ALL FEES INCURRED. I UNDERSTAND THAT ANY MEDICAL OR SURGICAL PROCEDURE MAY HAVE SOME RISK AND THAT IT IS NOT POSSIBLE TO GUARANTEE THE SUCCESSFUL OUTCOME OF ANY SUCH PROCEDURE. THIS AGREEMENT IS IN FORCE INDEFINITELY FROM THIS DATE UNLESS I NOTIFY CROSSROADS VETERINARY CLINIC IN WRITING TO THE CONTRARY.

Your Signature: _____ Date: _____



PATIENT INFORMATION



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	PET #1	PET #2	PET #3
<i>NAME</i>			
<i>SPECIES</i>			
<i>BREED</i>			
<i>AGE/DOB</i>			
<i>COLOR</i>			
<i>SEX</i>			
<i>ALTERED</i>			
<i>ORIGIN</i>			
<i>FOOD</i>			
<i>CURRENT MEDS</i>			
<i>VACCINE DATES</i>			

Comments:
