**SAMPLE CLIENT REGISTRATION FORM TEMPLATE**

**Client Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Owner 1 | | | Owner 2 | | |
| Name: |  | | Name: |  | |
| Address: |  | | Address (if different than Owner 1): |  | |
| Residence Phone: |  | | Residence Phone: |  | |
| Business Phone: |  | | Business Phone: |  | |
| Cell Phone: |  | | Cell Phone: |  | |
| E-mail: |  | | E-mail: |  | |
| Permission to transmit confidential information via email: | | Yes 🞏 No 🞏 | Permission to transmit confidential information via email: | | Yes 🞏 No 🞏 |
| Other: |  | | Other: |  | |
| Consent is required from: 🞎 Owner 1 🞎 Owner 2 🞎 Either Owner 1 or 2 🞎 Both Owners 1 and 2 | | | | | |

**Authorized Representative and/or Emergency Contact Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Representative 1 | | | Representative 2 | |
| Name: | |  | Name: |  |
| Address (if different than Owner 1): | |  | Address (if different than Owner 1): |  |
|  | | |  | |
| Residence Phone: | |  | Residence Phone: |  |
| Business Phone: | |  | Business Phone: |  |
| Cell Phone: | |  | Cell Phone: |  |
| If I am unavailable, the individual(s) named above is/are authorized to: | | | | |
| 🞏 | Make **financial** decisions on my behalf regarding the animal named below up to $ | | | |
| Make the following **medical** decisions on my behalf: | | | | |
| 🞏 |  | | | |
| 🞏 |  | | | |
| 🞏 |  | | | |

**Patient Information (add a section for each pet):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | | | | | | | | | | |
| Species: | Dog | 🞏 | Cat | 🞏 | | Other | | 🞏 | Describe if other: | | | | | | | | | |
| Breed: |  | | | | | | | Birth date: | | |  | | | | | | | |
| Gender: | M | 🞏 | F | 🞏 | |  | | Altered: | | Yes | | 🞏 | No | 🞏 |  | | | |
| Colour: |  | | | | | | | Markings: | |  | | | | | | | | |
| Microchip: |  | | | | N/A | | 🞏 | Tattoo: | |  | | | | | | | N/A | 🞏 |
| Medical history obtained from previous veterinarian | | | | | | | | | | | | | | 🞏 | | | | |
| Pet Insurance | | | | | | | | | | | | | | 🞏 Yes | | 🞏 No | | |