

SAMPLE CLIENT REGISTRATION FORM

Owner¹ Information:

Owner 1	Owner 2
Name:	Name:
Address:	Address (if different than Owner 1):
Address/location of flock if different than owner's address:	
Residence Phone:	Residence Phone:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
E-mail:	E-mail:
Permission to transmit confidential information via email: Yes <input type="checkbox"/> No <input type="checkbox"/>	Permission to transmit confidential information via email: Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	Other:
Consent is required from: <input type="checkbox"/> Owner 1 <input type="checkbox"/> Owner 2 <input type="checkbox"/> Either Owner 1 <u>or</u> 2 <input type="checkbox"/> Both Owners 1 <u>and</u> 2	

Authorized Representative and/or Emergency Contact Information:

Representative 1	Representative 2
Name:	Name:
Address:	Address:
Residence Phone:	Residence Phone:
Cell Phone:	Cell Phone:
Position:	Position:
If I am unavailable, the individual(s) named above is/are authorized to:	
<input type="checkbox"/> Make financial decisions on my behalf regarding the flock named below up to \$	
Make the following medical decisions on my behalf:	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Other Flock Specialists or Industry Partners Used:

Name:	Name:
Cell Phone:	Cell Phone:
Position/Company:	Position/Company:
Additional Notes:	

Flock Information:

Barn Address:	Flock ID:
Species:	Type:
Water Source:	Drinker & Feeder Type:
Square Footage:	Lighting:
Ventilation system:	Other poultry on premises:
Medical history obtained from previous veterinarian <input type="checkbox"/>	
Additional Notes:	

¹ Attach additional sheets as necessary for contact information of multiple owners