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 Yes □ No □	Permission to transmit Yes □ No □					
confidential information via	confidential information					
email:	via email:					
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	Address (if					
different than	different than					
Owner 1):	Owner 1):					
Residence	Residence Phone:					
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:	Μ		F			Altered:	Yes		No			
Colour:						Markings:						
Microchip:				N/	ΑD	Tattoo:					N/A	
Medical history obtained from previous veterinarian												
Pet Insurar	nce									□ Yes	🗆 No	