**SAMPLE CLIENT REGISTRATION FORM**

**Owner1 Information:**

|  |  |
| --- | --- |
| Owner 1 | Owner 2 |
| Name:  | Name: |  |
| Address:  | Address (if different than Owner 1): |
| Address/location of animals 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 🞏 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:  | Address: |
| 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/Animal Information:**

|  |  |
| --- | --- |
| Name: |  |
| Species: |  |  |  |  |  |  |  |
| Breed: |  | Birth date: |  |
| Sex: | M | 🞏 | F | 🞏 |  | Altered: | Yes | 🞏 | No | 🞏 |  |
| Colour: |  | Markings: |  |
| Microchip: |  | Tattoo: |  |
| Medical history obtained from previous veterinarian | 🞏 |