

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 <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 or 2 <input type="checkbox"/> 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:	
<input type="checkbox"/> Make financial decisions on my behalf regarding the animal named below up to \$	
Make the following medical decisions on my behalf:	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Patient/Animal Information:

Name:	
Species:	
Breed:	Birth date:
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Altered: Yes <input type="checkbox"/> No <input type="checkbox"/>
Colour:	Markings:
Microchip:	Tattoo:
Medical history obtained from previous veterinarian <input type="checkbox"/>	

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