

Critter Care Animal Hospital

Client Registration Form

Today's Date: _____

Owner's Information:

Name: _____ Spouse/Other: _____

Address: _____
Street Apt/Unit# City State Zip code

Primary phone _____ Cell (Can be used to text reminders?) _____

Alternate phone _____ Email Address(Used to send reminder/recalls) _____

In case of an EMERGENCY, please call _____ at _____
Name Phone Number

Were you referred? _____
Please name the individual/business so we may thank them and give them a Referral Reward !

Pet's Information:

Name: _____ Approximate Date of Birth/Age: _____

Species: Dog Cat Other _____ Sex: Male Female Spay/Neuter? Y N

Breed: _____ Color/ Markings: _____

Reason for today's visit: _____

Previous veterinarian's name/clinic: _____

Has your pet been treated for any illness in the past year? Yes No
Please list any current issues, medications & dosing instructions, if known: _____

Has this pet been on any form of Heartworm prevention while in your care? Yes No
If yes, please list the name of prevention being given: _____

My signature below indicates that I assume responsibility for all charges incurred in the care of this animal. I understand that these charges will be paid at the time of release or as services are rendered and that a deposit may be required for surgical treatment. I realize that for any appointments or scheduled procedures for which I do not show up with my pet and do not call to cancel, that I may be charged as much as the actual cost of the scheduled appointment or procedure.

Owner/Responsible Party's signature

printed name