



WELCOME

Client & Patient Registration Form

CLIENT INFORMATION:

Last name: _____ First name: _____ DOB: _____
Spouse / Partner: _____ Phone #: _____
Address: _____ City: _____ Zip: _____
Home #: _____ Work #: _____ Cell #: _____
Email: _____
Employer / Occupation: _____
Referred by: _____
Primary Veterinarian: _____ Hospital: _____

PATIENT INFORMATION:

Name: _____ Breed: _____ CANINE FELINE
Color(s): _____ DOB/Age: _____
Sex (please circle): MALE / FEMALE ● Spayed or Neutered: YES / NO
Any food allergies? If so, please list: _____
Any serious medical problems or known drug reactions? _____

Is your pet currently taking any medications? YES / NO **If so, please list Rx name, dose, & last given:*
Rx #1: _____ Rx #2: _____
Rx #3: _____ Rx #4: _____
Reason(s) for your visit today: _____

Please check if you allow VetSurg to photograph your pet and post them to our business Facebook page

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature: _____ Date: _____