



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: _____

My pet has health insurance; Company: _____ Policy # (if available): _____

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: _____

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