



1333 Plaza Blvd, Suite E
 Central Point, Oregon 97502
 (541)664-4553

CLIENT REGISTRATION

Your Name: _____ SS# (If paying with check): _____ - _____ - _____

Physical Address: _____ City _____ ST _____ Zip _____

Mailing Address: _____ City _____ ST _____ Zip _____

Landline only: _____ Cell Phone only: _____ Emergency: _____

Email address: _____

Employer: _____ Work Phone: _____

Spouse or Co-Owners Name _____ Phone: _____

How did you hear about us? _____



<p>PET 1</p> <p>Name: _____</p> <p>Birth Date: _____</p> <p><input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____</p> <p>Breed: _____</p> <p>Color: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed</p> <p>Current Medications: _____</p> <p>_____</p> <p>Date of Last Vaccines:</p> <p>Rabies: _____</p> <p>Dog:</p> <p>Parvo/Distemper: _____</p> <p>Bordetella: _____</p> <p>Lyme: _____</p> <p>Cat:</p> <p>FVRCP: _____</p> <p>FELV: _____</p>	<p>PET 2</p> <p>Name: _____</p> <p>Birth Date: _____</p> <p><input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____</p> <p>Breed: _____</p> <p>Color: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed</p> <p>Current Medications: _____</p> <p>_____</p> <p>Date of Last Vaccines:</p> <p>Rabies: _____</p> <p>Dog:</p> <p>Parvo/Distemper: _____</p> <p>Bordetella: _____</p> <p>Lyme: _____</p> <p>Cat:</p> <p>FVRCP: _____</p> <p>FELV: _____</p>	<p>PET 3</p> <p>Name: _____</p> <p>Birth Date: _____</p> <p><input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____</p> <p>Breed: _____</p> <p>Color: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed</p> <p>Current Medications: _____</p> <p>_____</p> <p>Date of Last Vaccines:</p> <p>Rabies: _____</p> <p>Dog:</p> <p>Parvo/Distemper: _____</p> <p>Bordetella: _____</p> <p>Lyme: _____</p> <p>Cat:</p> <p>FVRCP: _____</p> <p>FELV: _____</p>
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I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at time of release and that a deposit may be required for surgical treatment.

***Signature of Owner or Agent: _____ Date: _____