

Greenwood Lake Animal Hospital Client Registration Form

Client Full Name:

Spouse/Other:

Street Address:

Town, State, ZIP:

Home Phone:

Business:

Cell:

Cell:

Referred By:

Email:

Drivers License#:

SSN:

Previous Veterinarian:

Pet 1

Pet 2

Pet 3

NAME			
BREED			
SPECIES			
COLOR			
NEUTERED/SPAYED			
MICROCHIP/TATOO			
DATE of BIRTH			

VACCINE

DATE GIVEN

DATE GIVEN

DATE GIVEN

RABIES			
DISTEMPER			
BORDETELLA (K9)			
LYME (K9)			
HEARTWORM TEST			
LEUKEMIA (FEL)			

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 the time of release and the deposit may be required for surgical and or medical treatment. I certify that I am more than 18 years of age.

Signature of Owner or Authorized Agent _____

METHOD of PAYMENT: CASH CHECK MC/VISA DISCOVER

DATE: