

VETERINARY NEW CLIENT REGISTRATION FORM

Client Information:

Full Name: _____
Date of Birth: _____
Address: _____
City: _____
State: _____
ZIP Code: _____
Phone Number: _____
Email Address: _____

Emergency Contact:

Name: _____
Relationship: _____
Phone Number: _____
Alternate Phone: _____

Pet Information:

Pet's Name: _____
Species (e.g. Dog, Cat): _____
Breed: _____
Color: _____
Date of Birth/Age: _____
Sex (M/F/Neutered/Spayed): _____
Microchip Number: _____
Veterinarian Name (if any): _____
Veterinarian Phone: _____

Medical History / Current Conditions:

Please list any known allergies, chronic illnesses, medications, past surgeries, or other health concerns related to your pet.

Vaccination History:

Please indicate dates and types of vaccinations your pet has received. Attach copies of vaccination records if available.

Consent and Agreement:

I certify that I am the owner or authorized agent of the owner of the pet described above. I authorize the veterinary clinic and its staff to perform diagnostic, therapeutic, and surgical procedures as deemed necessary for the health of my pet. I understand that all fees are due at the time of service and that I am responsible for all charges incurred. I acknowledge that no guarantees or warranties have been made regarding the results of treatments.

Liability Waiver:

I release the veterinary clinic, its employees, and agents from any liability for injury, loss, or damage to my pet or property while in their care, except for gross negligence or willful misconduct. This waiver is governed by the laws of the United States and the applicable state.

Privacy Policy Notice:

The veterinary clinic is committed to protecting your and your pet’s personal information. Information collected is used solely for the purpose of providing veterinary care and related services and will not be shared with third parties except as required by law or with your consent.

Payment Policy:

Payment is required at the time services are rendered. Accepted payment methods include cash, check, credit/debit cards, and approved financing. Returned checks will incur a fee. Unpaid balances may be subject to collection processes.

CLIENT'S SIGNATURE

VETERINARIAN'S SIGNATURE

Signature: _____

Signature: _____

Date: _____

Date: _____

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