

PATIENT REGISTRATION FORM

Date: _____

Owner: Dr./Mr./Ms./Mrs. _____
Last First

Address: _____
Postal code

Phone:(Home) _____ (Cell) _____ (Work) _____

Spouse/Other: _____ Employer Name: _____

In case of EMERGENCY, contact _____ at _____

Date of previous Vaccine done _____

Email: _____

Pet's Name	Species	Breed	Sex	Spay/ Neuter	Color	Date of Birth

Previous Veterinary Clinic _____

How did you hear of us? Saw the Clinic Bus Bench Community newsletter
 Internet
 Yellow pages Referral by Friend/Relative Other: _____

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 that a deposit is required for veterinary care of my pet.

Payment methods: Cash, Debit, Visa and Master card.

Please be informed that **WE DO NOT ACCEPT CHEQUES**

Signature of owner or responsible party _____