**SAMPLE CLIENT REGISTRATION FORM**

**Owner1 Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Owner 1 | | Owner 2 | |
| Name: | | Name: |  |
| Address: | | Address (if different than Owner 1): | |
| Address/location of animals if different than owner’s address: | |  |  |
| Residence Phone: | | Residence Phone: | |
| Business Phone: | | Business Phone: | |
| Cell Phone: | | Cell Phone: | |
| E-mail: | | E-mail: | |
| Permission to transmit confidential information via email: | Yes 🞏 No 🞏 | Permission to transmit confidential information via email: | Yes 🞏 No 🞏 |
| Other: |  | Other: |  |
| Consent is required from: 🞎 Owner 1 🞎 Owner 2 🞎 Either Owner 1 or 2 🞎 Both Owners 1 and 2 | | | |

**Authorized Representative and/or Emergency Contact Information:**

|  |  |  |
| --- | --- | --- |
| Representative 1 | | Representative 2 |
| Name: | | Name: |
| Address: | | Address: |
| Residence Phone: | | Residence Phone: |
| Business Phone: | | Business Phone: |
| Cell Phone: | | Cell Phone: |
| If I am unavailable, the individual(s) named above is/are authorized to: | | |
| 🞏 | Make **financial** decisions on my behalf regarding the animal named below up to $ | |
| Make the following **medical** decisions on my behalf: | | |
| 🞏 |  | |
| 🞏 |  | |
| 🞏 |  | |

**Patient/Animal Information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | | | | | | | | |
| Species: |  | |  | |  | |  |  |  |  | | | | | | |
| Breed: |  | | | | | | | | Birth date: | | |  | | | | |
| Sex: | M | 🞏 | | F | | 🞏 | |  | Altered: | | Yes | | 🞏 | No | 🞏 |  |
| Colour: |  | | | | | | | | Markings: | |  | | | | | |
| Microchip: |  | | | | | | | | Tattoo: | |  | | | | | |
| Medical history obtained from previous veterinarian | | | | | | | | | | | 🞏 | | | | | |