**SAMPLE CLIENT REGISTRATION FORM**

**Owner1 Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Owner 1 | | Owner 2 | |
| Name: | | Name: |  |
| Address: | | Address (if different than Owner 1): | |
| Address/location of flock 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: |
| Cell Phone: | | Cell Phone: |
| Position: | | Position: |
| If I am unavailable, the individual(s) named above is/are authorized to: | | |
| 🞏 | Make **financial** decisions on my behalf regarding the flock named below up to $ | |
| Make the following **medical** decisions on my behalf: | | |
| 🞏 |  | |
| 🞏 |  | |
| 🞏 |  | |

**Other Flock Specialists or Industry Partners Used:**

|  |  |  |
| --- | --- | --- |
| Name: | | Name: |
| Cell Phone: | | Cell Phone: |
| Position/Company: | | Position/Company: |
| Additional Notes: | | |
|  |  | |

**Flock Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Barn Address: | |  | Flock ID: | |  | |
| Species: | | | Type: | | | |
| Water Source: | | | Drinker & Feeder Type: | | | |
| Square Footage: | | | Lighting: | | | |
| Ventilation system: | | | Other poultry on premises: | | | |
| Medical history obtained from previous veterinarian | | | | 🞏 | | |
| Additional Notes: |  | | | | |  |