



# Client Registration Form

Thank you for the opportunity to care for your pet. Please take time to fill in this form completely.

Owner's Name: \_\_\_\_\_

Name of Spouse/Add'l Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Add'l Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you find out about our practice? (Check any that apply. If you were referred by a current client, tell us who so we can thank them!)

Referred by: \_\_\_\_\_

Location/Sign  Google/Internet Search  Facebook  Internet Review Site (Angie's List, Yelp)  Other: \_\_\_\_\_

How would you prefer to receive exam & vaccine reminders?

Email  Postcard

Pet's Name: \_\_\_\_\_ Species (Dog, cat): \_\_\_\_\_ Breed: \_\_\_\_\_

Color/Special Markings: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Sex: M / F Is your pet spayed/neutered:  Yes  No  Unsure

Previous Veterinarian, if any: \_\_\_\_\_

Current medications (Including supplements, heartworm preventatives, flea/tick preventatives): \_\_\_\_\_

Describe your pet's diet: \_\_\_\_\_

Describe any known allergies: \_\_\_\_\_

Describe any known medical issues: \_\_\_\_\_

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Describe your pet's diet: \_\_\_\_\_

Describe any known allergies: \_\_\_\_\_

Describe any known medical issues: \_\_\_\_\_

- 1) PHOTO CONSENT:** We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media? Your name and personal information will never be shared. Simply check below to authorize this:  
 **Yes. I authorize CPVH to share my pet's photo & story.**  No. I do not authorize this.
- 2) TREATMENT CONSENT:** 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 understand that payment is always due IN FULL at time of service. I recognize that financial concerns should be discussed PRIOR to exam & treatment. The CPVH staff is happy to provide estimates.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_