



CLIENT REGISTRATION

Today's Date: _____

Name: _____ Referred by: _____
Last First Middle

Address: _____
Street number and name City State Zip Code

Contact Info (please include area code): e-mail: _____

Home:(____)____-____ Work:(____)____-____ Cell:(____)____-____

Driver's License or I. D. Card Number: _____ Expiration date: _____

Date of Birth: _____

Occupation: _____ Employer: _____
Name

_____ Address City State Zip

Additional Authorized Person: _____
Last Name First Name

[] Spouse [] Partner [] Co-owner [] Family Member

Home:(____)____-____ Work:(____)____-____ Cell:(____)____-____

Alternate Contact: _____
Name Phone

PHOTOGRAPHS: I grant to Animal Hospital in Fairfield, and its representatives and employees, the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.

I agree that Animal Hospital in Fairfield may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

- Animal Hospital in Fairfield may take photos of me and/or my pet
- Animal Hospital in Fairfield may NOT take photos of me and/or my pet } **PLEASE CHOOSE ONE**

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

- I authorize the veterinarians of Animal Hospital in Fairfield, and their support staff, to provide veterinary care for my pet that may include vaccinations, injections, treatments, diagnostic or surgical procedures or other care as deemed necessary.
- It is understood that an estimate of charges will be given for services we provide. No guarantee or assurance can be made for the results that may be obtained.
- I assume full financial responsibility for all charges incurred by my pet.

Signature: _____

PATIENT OVER INFORMATION

Pet's Name: _____ Breed: _____

Do we need to use Caution with your pet? Yes No

Canine _____ Other _____
Feline

Birthdate (approx. age if unknown): _____ Male Neutered Female Spayed

Color/Markings: _____ Identification: _____

* * * * *

Pet's Name: _____ Breed: _____

Do we need to use Caution with your pet? Yes No

Canine _____ Other _____
Feline

Birthdate (approx. age if unknown): _____ Male Neutered Female Spayed

Color/Markings: _____ Identification: _____

* * * * *

Pet's Name: _____ Breed: _____

Do we need to use Caution with your pet? Yes No

Canine _____ Other _____
Feline

Birthdate (approx. age if unknown): _____ Male Neutered Female Spayed

Color/Markings: _____ Identification: _____

* * * * *

Pet's Name: _____ Breed: _____

Do we need to use Caution with your pet? Yes No

Canine _____ Other _____
Feline

Birthdate (approx. age if unknown): _____ [] Male [] Neutered [] Female [] Spayed

Color/Markings: _____ Identification: _____