

Kindness Animal Hospital Client Registration Form

Name _____
First
MI
Last

Spouse or co owner _____
First
MI
Last

Address _____
Street or Box
City, State, Zip code

E-mail Address _____ Spouse Email _____

Phone # _____ Owner Cell # _____ Co owner Cell# _____

Owner Work Phone # _____ Co owner Work Phone # _____

Drivers license# (Owner) _____ (Co owner) _____

Employer _____

Employer (Co owner) _____

Pet No 1

Name _____

Sex _____ Neutered yes no

Birth Date _____ Age _____

Species Dog ___ Cat ___ Other _____

Breed _____

Color _____

Markings _____

Date of Last Vaccinations _____

Date of Last Rabies Vaccination _____

Purchased from _____

Any long term problems? _____

Current Medications _____

Reason for visit _____

Pet No 2

Name _____

Sex _____ Neutered yes no

Birth Date _____ Age _____

Species Dog ___ Cat ___ Other _____

Breed _____

Color _____

Markings _____

Date of Last Vaccinations _____

Date of Last Rabies Vaccination _____

Purchased from _____

Any long term problems? _____

Current Medications _____

Reason for visit _____

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 also understand that these charges will be paid at the time of release and that a deposit may be required for hospitalized or surgical patients.

Signature _____ Method of payment; ___ Cash ___ Check ___ MC/Visa/Discover