

CLIENT & PATIENT REGISTRATION FORM

Client # _____

Date _____

Thank you for choosing Davies Animal Medical Hospital

Last Name, First _____

Street Address _____

City, State _____ Zip _____

Home # _____ Cell # _____

E-mail _____

Occupation _____

Employer _____

Address _____

Work # _____

Driver's Lic # _____

Spouse's Name _____

Spouse's Occupation _____

Spouse's Employer _____

Spouse's Cell # _____ Work # _____

Driver's Lic# _____

How did you hear about us?

Referred by _____

Ad _____

Other _____

Patient Name _____

Species Canine (K-9) _____ Feline (Cat) _____

Breed _____

Sex Female (F) _____ Female Spayed (FS) _____

Male (M) _____ Male Neutered (MN) _____

Birth Date _____

Coat Color _____

Weight _____

Patient Name _____

Species Canine (K-9) _____ Feline (Cat) _____

Breed _____

Sex Female (F) _____ Female Spayed (FS) _____

Male (M) _____ Male Neutered (MN) _____

Birth Date _____

Coat Color _____

Weight _____

PAYMENT METHOD (Please check preference(s)) Cash _____ Check _____ Bankcard _____ Debit _____ Carecredit _____

Due to the extremely high cost of accounting and billing fees, we do not extend credit.

Payment is to be made at the time services are rendered. Your signature gives approval for whatever drugs, X-rays, surgery, etc., is needed in the treatment of your pet. Signee assumes all financial responsibility for services rendered

Signature of OWNER: _____ Date: _____

Signature of Person presenting this pet for treatment if other than the owner: _____

Address _____ City, State, Zip _____

Phone _____ Date: _____

Veterinary services are provided during night time hours as deemed necessary by the veterinarian in charge. Continued presence of a qualified person may not be provided.