

New Client/Patient Registration (please print and sign one for each patient)

Client Name: _____

**Spouse or
Co-Owner:** _____

Address: _____

Primary Phone # _____ **Cell#** _____

Work# _____ **E-mail:** _____

Pet Name: _____ **Sex:** _____ **Spayed/Neutered:** _____

DOB: _____ **Breed:** _____

Color: _____ **Date of last Vaccines:** _____

Is your pet currently taking any medications, including monthly flea and heartworm preventative? If so please list:

Does your pet have any major medical history we should be aware of? (for example, diabetes, kidney problems, allergies, ect:

By signing this form I authorize and consent to the treatment of above mentioned animal(s) by the doctors of My Pet Animal Hospital and all authorized agents of My Pet Animal Hospital. I authorize the use of anesthetics, sedatives, and other medications deemed necessary by the doctors and staff.

You are to use all reasonable measures as to the care, treatment, and handling of said animals. I understand there can be complications with any care or procedure, and I assume all risks.

I release said doctors and employees from any liability or legal action against My Pet Animal Hospital and its authorized agents and employees should injury, death or escape occur.

I understand that I am responsible for the cost of care for said animal(s) and I promise to pay in full when services are rendered.

Signature : _____ **Date:** _____

