



## NEW CLIENT REGISTRATION



Owner Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

ZIP: \_\_\_\_\_ County/City: \_\_\_\_\_ State: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Secondary: \_\_\_\_\_ Work: \_\_\_\_\_

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

Spouse/Co-Owner: \_\_\_\_\_

Spouse/Co-Owner Phone: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our Clinic? \_\_\_\_\_

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Payment is due at the time service is rendered. For your convenience we accept cash, checks, Visa, Discover, Care Credit, and MasterCard. If there are any billing questions, please address them with the office staff or a veterinarian prior to the visit so that we can most effectively address your concerns.

I hereby assume financial responsibility for all professional services rendered, anesthetics, pharmaceuticals, hospitals fees and costs incurred for procedures performed on my pet(s). In the event that this account becomes delinquent, it will be turned over to an attorney for collection and I agree to pay all additional costs and additional attorney's fees associated with the collection. I understand that payment is required at the time service is rendered. To my knowledge, all of the above information is correct.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

So that we can contact you as needed, please keep our office staff updated on any changes in the above information. The information is kept within the practice for veterinary medical communication needs only – never for outside party solicitation.

### **Photo Authorization: Please Initial the Following**

\_\_\_\_\_ I hereby grant and authorize Cave Spring Veterinary Clinic the right to take and make use of pictures or video taken of me or my pet to be used in and or/for an lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, websites, social networking sites and other print and digital communications, without payment or any other consideration.

# PET REGISTRATION

Pet Name (#1) \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Dog/Cat/Other

Breed \_\_\_\_\_ Color \_\_\_\_\_ Male Neutered  
 Female Spayed  
 (Circle)

Previous Medical Problems \_\_\_\_\_

Special Info / Medications / Precautions \_\_\_\_\_

Previous Veterinarian / Address \_\_\_\_\_

## VACCINE INFORMATION

Dog (#1)	Date	Cat (#1)	Date
Rabies Vacc (1 yr / 3 yr)		Rabies Vacc (1 yr / 3 yr)	
Distemper/Parvo Comb. Vacc.		Distemper Comb. Vacc	
Kennel Cough Vacc.		Leukemia Vacc.	
Other:		Other:	
Other:		Other:	
Heartworm Test		Leukemia Test	
Heartworm Preventative Name		Feline AIDS Test	

Pet Name (#2) \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Dog/Cat/Other

Breed \_\_\_\_\_ Color \_\_\_\_\_ Male Neutered  
 Female Spayed  
 (Circle)

Previous Medical Problems \_\_\_\_\_

Special Info / Medications / Precautions \_\_\_\_\_

Previous Veterinarian / Address \_\_\_\_\_

## VACCINE INFORMATION

Dog (#2)	Date	Cat (#2)	Date
Rabies Vacc (1 yr / 3 yr)		Rabies Vacc (1 yr / 3 yr)	
Distemper/Parvo Comb. Vacc.		Distemper Comb. Vacc	
Kennel Cough Vacc.		Leukemia Vacc.	
Other:		Other:	
Other:		Other:	
Heartworm Test		Leukemia Test	
Heartworm Preventative Name		Feline AIDS Test	