

BLUE RIDGE ANIMAL CLINIC- CLIENT REGISTRATION

DATE: _____

PET OWNER NAME(S): _____

SPOUSE NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

BEST PHONE NUMBER: _____ CELL/HOME/WORK/OTHER _____

SECONDARY CONTACT NUMBER(S): _____ CELL/HOME/WORK/OTHER _____

_____ CELL/HOME/WORK/OTHER _____

BEST EMAIL TO RECEIVE APPOINTMENT REMINDERS: _____

EMPLOYER: _____

EMPLOYER PHONE NUMBER: _____

EMERGENCY CONTACT: _____ PHONE _____

PET INFORMATION

PET NAME _____ DATE OF BIRTH _____

TYPE OF ANIMAL: _____ DOG _____ CAT _____ OTHER: _____

BREED _____ COLOR _____

SEX _____ MALE _____ NEUTERED _____ FEMALE _____ SPAYED

VACCINES – DATE GIVEN AND TYPE _____

REASON FOR VISIT _____

CURRENT MEDICATIONS _____

CURRENT FOOD _____

AUTHORIZATION

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE DESCRIBED PET. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I UNDERSTAND THAT THESE CHARGES MUST BE PAID AT THE TIME OF SERVICE AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL TREATMENT OR HOSPITALIZATION.

SIGNATURE OF OWNER _____ DATE _____

SS# _____ DATE OF BIRTH _____

A SSN IS REQUIRED FOR BILLING PURPOSES AND WOULD ONLY BE USED IN THE EVENT OF COLLECTION ACTION PURSUANT TO THE REQUIREMENT OF THE VIRGINIA GENERAL DISTRICT COURT SYSTEM. THE SSN WILL BE KEPT SEPARATE FROM YOUR MEDICAL RECORD.

METHOD OF PAYMENT _____ CASH _____ CHECK _____ VISA _____ MC _____ AMEX _____ DISC