

**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