



Client Registration Form

Thank you for the opportunity to care for your pet. Please take time to fill in this form completely.

Owner's Name: _____ Name of Spouse/Additional Owner: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Texting ok? Yes No

Alternate Cell Phone: _____ Work Phone: _____

Emergency Contact (include name and phone number): _____

Email: _____ Spouse/Additional Owner Email: _____

How did you find out about our practice?

(Check any that apply. If you were referred by a current client, tell us who so we can thank them!)

Referred by: _____ Location/Sign Facebook Our Website Google/Internet Search

Internet Review Site Newton County Animal Control Other: _____

How would you prefer to receive exam & vaccine reminders?

Postcards Text Message Email Phone Call

Which social media platforms do you use? (Check any that apply).

Facebook Twitter Pinterest Instagram LinkedIn Google Plus

Preferred method of contact:

Phone Call Email Text Message

Pet's Name: _____ Species (please circle): Dog Cat Breed: _____

Color or Special Markings: _____ Date of Birth or Approximate Age: _____

Sex (please circle): Male Female Is your pet spayed/neutered: Yes No Unsure

Are you currently giving your pet a flea or tick preventative? Yes No If yes, which preventative? _____

Are you currently giving your dog a heartworm preventative? Yes No If yes, which preventative? _____

Current medications: Are you giving any other medications or supplements to your pet at this time? If so, please list them below:

Describe any known medical issues: _____

1) **Photo Consent:** We love social media! Do we have your permission to share your pet's image and story on social media, our website & other forms of related media? Your name and personal information will never be shared. Simply check below to authorize this.

Yes. I authorize CVC to share my pet's photo and story. No. I do not authorize this.

2) **Treatment Consent:** I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due IN FULL at time of service. I recognize that financial concerns should be discussed PRIOR to exam and treatment.

Signature of Owner/Agent: _____ Date: _____ 20_____