

OLDE TOWNE FENTON VETERINARY HOSPITAL
NEW CLIENT/PATIENT REGISTRATION

Date: _____

1) Owner's Last Name: _____ First Name: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____

Driver's Lic. #: _____ Cell Phone: _____

2) Spouse/Co-Owner Name: _____

Driver's Lic # _____ Cell Phone: _____

Pet's Name: _____ DOB/Age: _____

Dog ___ Cat ___ Other _____ Sex: Male ___ Neutered ___

Breed: _____ Female ___ Spayed ___

Color: _____

Previous Vet _____ (if records are needed)

Is your pet currently being treated for a medical condition(s) (y/n) _____

If yes, what condition(s): _____

Current medication: _____

I am over 18 years old. I assume responsibility for all charges incurred in the care of this animal. I also understand these charges will be paid at the time of release and that a deposit may be required for surgical or emergency treatment.

Method of payment for today's services:

Cash ___ Check ___ Mastercard ___ Visa ___ Discover ___

Referred by _____

Signature of Owner/Responsible Party: _____