GREENWOOD VETERINARY CARE

CLIENT REGISTRATION FORM

Thank you for giving us the opportunity to care for your pet. Please take a few minutes to fill out this form and bring it to the animal hospital at the time of your appointment.

Today's date:			

CLIENT INFORMATION

Owner's Last Name: First: Middle:			❑ Mr. ❑ Mrs. ❑ Miss ❑ Ms. ❑_____
Home Phone No. ( )	Cell Phone No. ( )	Work Phone No. ( )	
Street address:	Apt #:	Email Address:	
City:	State:	ZIP Code:	Driver License: #: State:
How did you hear about us? ❑ Family ❑ Friend ❑ Close to home/work ❑ Yellow Pages ❑ Other:			

PATIENT INFORMATION

Patient Name:	Species: ❑ Cat ❑ Dog	Breed:	Color:
Sex: ❑ M ❑ F	Neutered? ❑ Yes ❑ No	Birth date: / /	Vaccine History (Date & Type):
Reason for Visit:			
Prior Illness:	Current Medications:	Prior Surgical Procedures:	

Please check any symptoms that you have noticed about your pet:

❑ Behavior Problems ❑ Vomiting ❑ Diarrhea ❑ Blood in the stool ❑ Blood in the urine ❑ Lack of appetite

❑ Sneezing ❑ Limping ❑ Scratching ❑ Depressed ❑ Thirst/Urination ❑ Gagging ❑ Coughing ❑ Shaking head

❑ Bleeding Gums ❑ Breathing Problems ❑ Other:

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I will assume responsibility for all charges incurred of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. We do not have payment plans.

Method of Payment: ❑ *Cash* ❑ *Credit Card* ❑ *Check*

Signature of Client *Date*