

REDWOOD PET CLINIC

Client and Patient Registration Form

_____	_____	_____	_____
Client Last Name	First	Middle	Spouse's Name
_____	_____	_____	_____
Address	City	Zip Code	Home Phone
_____	_____	_____	_____
Employer	Address/City/State	_____	Work Phone
_____	_____	_____	_____
E-Mail Address	_____	_____	Cell Phone
_____	_____	_____	_____
How did you find out about us? _____			

_____	_____	_____	_____	_____	
Pet's Name	Birthdate	Species (dog/cat)	Breed	Color	
_____	_____	_____	_____	_____	
Circle one :	Female	Spayed Female	Male	Neutered Male	Unknown

<u>Vaccination/Test Dates</u>			
DHPP	: _____	FVRCP	: _____
Lepto	: _____	FeLV	: _____
Bordetella	: _____	Rabies	: _____
Rabies	: _____	FeLV/FIV	: _____
HWT/Snap	: _____	Fecal	: _____
Fecal	: _____	_____	_____
Microchip Number _____			

I hereby authorize the Doctors (and their designated associates or assistants) to examine, prescribe for, and treat, or perform anesthesia/surgery upon the above-described pet. I agree to pay for the services rendered at the time the pet is discharged from the clinic or when service is otherwise terminated.

Veterinary Service during nighttime hours, some daytime hours, and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours. (Calif Code of Regs Title 16 section 2030).

Signature of Owner or Responsible Agent _____

Drivers License Number : _____