VILLAGE VETERINARY, INC. CLIENT REGISTRATION FORM

PLEASE CIRCLE ONE: New Client Current Client- New Pet E-MAIL ADDRESS:_____

NAME: _____
LAST FIRST MIDDLE INITIAL

ADDRESS:_____
STREET CITY, STATE, ZIP CODE

MAILING ADDRESS:_____
(IF DIFFERENT FROM ABOVE)

HOME #:_____ WORK #:_____ CELL #:_____

EMPLOYER:_____ SPOUSE #:_____

SPOUSE OR CO-OWNERS NAME:_____

EMPLOYER:_____ WORK #:_____

HOW DID YOU HEAR OF US:_____
(PERSON'S NAME, YELLOW PAGES, SIGN, NEWSPAPER, OTHER)

PET NO. 1	PET NO. 2
SPECIES: CAT DOG OTHER:_____	SPECIES: CAT DOG OTHER:_____
NAME:_____	NAME:_____
DOB:_____ GENDER:_____	DOB:_____ GENDER:_____
BREED:_____	BREED:_____
NEUTERED/SPAYED: YES NO DATE:_____	NEUTERED/SPAYED: YES NO DATE:_____
RABIES VACCINE: 1YR 3YR DATE:_____	RABIES VACCINE: 1YR 3YR DATE:_____
DISTEMPER VACCINE DATE:_____	DISTEMPER VACCINE DATE:_____
BORDETELLA VACCINE DATE:_____	BORDETELLA VACCINE DATE:_____
LYME VACCINE DATE:_____	LYME VACCINE DATE:_____
LEPTO VACCINE DATE:_____	LEPTO VACCINE DATE:_____
FELV VACCINE DATE:_____	FELV VACCINE DATE:_____
HEARTWORM/LYME/ANAPLASMA/ERLICHIOSIS TEST DATE:_____	HEARWORM/LYME/ANAPLASMA/ERLICHIOSIS DATE:_____
POSITIVE RESULTS:_____ NEG FOR ALL	POSITIVE RESULTS:_____ NEG FOR ALL
FIV/FELV TEST DATE:_____ POS:_____ NEG FOR ALL	FIV/FELV TEST DATE:_____ POS:_____ NEG FOR ALL
LAST VET CLINIC: _____	LAST VET CLINIC:_____
ANY LONG-TERM ISSUES:_____	ANY LONG-TERM ISSUES:_____
_____	_____
CURRENT MEDICATIONS, IF ANY:_____	CURRENT MEDICATIONS, IF ANY:_____
_____	_____

I hereby authorize Village Veterinary, Inc. to examine, prescribe for, treat, the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required before surgical procedure(s).

Signature of Owner or Caregiver:_____ Date:_____