



# CLIENT REGISTRATION FORM

OFFICE USE ONLY—File Number

MR \_\_\_\_\_  
 MRS \_\_\_\_\_  
 MISS \_\_\_\_\_

LAST NAME FIRST NAME MIDDLE NAME SPOUSE'S FIRST NAME

ADDRESS \_\_\_\_\_  
 NUMBER STREET CITY ZIP CODE HOME PHONE

OCCUPATION OR TITLE \_\_\_\_\_  
 WORK PHONE / EXTENSION \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
 COMPANY ADDRESS HOW LONG THERE

SPOUSE'S EMPLOYER \_\_\_\_\_  
 COMPANY OCCUPATION WORK PHONE / EXTENSION

D/O/B \_\_\_\_\_ EMAIL \_\_\_\_\_

CELL PHONE/PAGER # \_\_\_\_\_ REFERRED BY \_\_\_\_\_

PET'S NAME	PET'S NAME	PET'S NAME
BREED COLOR	BREED COLOR	BREED COLOR
SEX SPAYED/NEUTERED? YES <input type="checkbox"/> NO <input type="checkbox"/>	SEX SPAYED/NEUTERED? YES <input type="checkbox"/> NO <input type="checkbox"/>	SEX SPAYED/NEUTERED? YES <input type="checkbox"/> NO <input type="checkbox"/>
BIRTH DATE AGE	BIRTH DATE AGE	BIRTH DATE AGE
YEARLY BOOSTER VACCINE DATE	YEARLY BOOSTER VACCINE DATE	YEARLY BOOSTER VACCINE DATE
RABIES VACCINE DATE	RABIES VACCINE DATE	RABIES VACCINE DATE

**Continuous presence of qualified personnel after business hours may not be provided at all times. [B&P Code, 2030(c)]**  
**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

**Accepted Forms Of Payment**  
 Cash / Check  
 VISA  
 MasterCard  
 American Express  
 Care Credit

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

(WEB SITE PDF)