

Client and Pet Registration

<number>

Your name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Would you like to receive appointment reminders via text message? Yes No

Driver's License Number _____ State _____

(Your information will be stored in a secure database. This form will be shredded immediately. This information is needed for our pharmacy in case your pet needs-controlled substances)

DOB _____

If we are unable to reach you, is there anyone else authorized to make decisions about your pet?

Yes (Please complete information below.) No

Name: _____ Phone Number: _____

Pet Information

Pet's Name: _____ Age/DOB _____

Dog / Cat / Other Breed: Color:

Male/Intact Male / Neutered Female/Intact Female / Spayed

Pet's Name: _____ Age/DOB _____

Dog / Cat / Other Breed: Color:

Male/Intact Male / Neutered Female/Intact Female / Spayed

All payments are due at the time that services are rendered. We accept cash, Mastercard, Visa, Discover, American Express and Care Credit along with scratch pay. I have read and understand the above statements and agree to all terms therein. I give my permission for Wilson Vet Clinic to use my image, my pet's image, and my pet's name on all social media sites and the clinic's website. I give Wilson Vet Clinic the authority to request records for my pet(s) at previously utilized veterinary clinics and/or hospitals.

Signature _____ Date _____