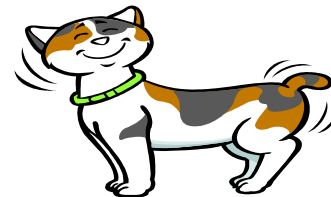




# WELCOME



ANIMAL HAVEN VETERINARY CLINIC OF SOCORRO, PC

## CLIENT REGISTRATION

Date: \_\_\_\_\_ 2019

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address (mailing) \_\_\_\_\_ (physical) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Telephone #'s: home \_\_\_\_\_ cellular \_\_\_\_\_ work \_\_\_\_\_ spouse work \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

At what time \_\_\_\_\_ and at what phone number \_\_\_\_\_ is it best to call you about your pet?

**In case of an EMERGENCY, please call \_\_\_\_\_ at telephone number \_\_\_\_\_.**

## PATIENT INFORMATION

	Pet #1		Pet #2		Pet #3		Pet #4		Pet #5			
Name												
Species (dog, cat, horse, etc.)												
Breed												
Color												
Age	mo	yr	mo	yr	mo	yr	mo	yr	mo	yr		
Sex (spayed/neutered)	F	FS	M	MN	F	FS	M	MN	F	FS	M	MN
Vaccinations	current	not current	current	not current	current	not current	current	not current	current	not current		

Has your pet been treated for any illness in the past year?  Yes  No  
Specify problem(s), medication and dosage, if known \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or other medications above? \_\_\_\_\_

How did you first hear of us?  Drove by  Internet  Yellow pages  Previous client  Newspaper ad  
 Personal Referral (Whom may we thank) \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that this facility has a no credit policy and that these charges will be paid at the time of release and that a deposit will be required for surgical treatment. It is understood that I am financially responsible for the services rendered including boarding as well as any collection fees, court and/ or attorney fees and interest accrued.

Owner or Responsible party \_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**

**Please indicate method of payment you will be using today:**  Cash  Check  Credit Card

If paying by check please provide the following information:

Driver's license # \_\_\_\_\_ State \_\_\_\_\_ Date of expiration \_\_\_\_\_ Social Security # \_\_\_\_\_