



**Veterinary Medical Associates**  
*Dedicated to the Human-Animal Bond*  
**Client Registration Form**

OWNER \_\_\_\_\_  
FIRST LAST

ADDRESS \_\_\_\_\_  
Number Street City Zip Code

Primary Phone H/C \_\_\_\_\_ Alternate Phone \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

SPOUSE/CO-OWNER \_\_\_\_\_  
FIRST LAST

Primary Phone H/C \_\_\_\_\_ Alternate Phone \_\_\_\_\_

SPOUSE/CO-OWNER EMPLOYER \_\_\_\_\_ Work # \_\_\_\_\_ E-mail \_\_\_\_\_

Children(s) Name(s) \_\_\_\_\_

MAY WE CALL YOU AT WORK? \_\_\_\_ YES \_\_\_\_ NO

HAVE YOU BEEN HERE BEFORE? \_\_\_\_ YES \_\_\_\_ NO HOW DID YOU HEAR ABOUT US?

**Internet:** Google \_\_\_\_ Yahoo \_\_\_\_ Bing \_\_\_\_ YP \_\_\_\_ Yelp \_\_\_\_ Facebook \_\_\_\_ Instagram \_\_\_\_ Referral Websites \_\_\_\_

Newspaper \_\_\_\_ Yellowpages \_\_\_\_ Sign \_\_\_\_ Other \_\_\_\_\_

Referral/Personal Recommendation: \_\_\_\_\_

Doctor Referral \_\_\_\_\_

**PET INFORMATION**

Pet Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex (M) \_\_\_\_ (F) \_\_\_\_ Spayed \_\_\_\_ Neutered \_\_\_\_

*I hereby grant Veterinary Medical Associates permission to use my name and likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Veterinary Medical Associates in perpetuity, and for other use by Veterinary Medical Associates. I will make no monetary or other claim against Veterinary Medical Associates for the use of photograph(s)/video.*

\_\_\_\_ YES \_\_\_\_ NO

ALL FEES ARE DUE UPON RELEASE OF PATIENT, PLEASE INDICATE YOUR CHOICE OF PAYMENT:

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Care Credit \_\_\_\_\_ Cash \_\_\_\_\_

*I assume all financial responsibility for 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 prior to treatment. Veterinary service is provided during nighttime hours as needed in the judgment of the veterinarian in charge. If after hour emergency care is needed, your pet may be transferred with your permission to the Veterinary Emergency Clinic for continuous presence of qualified personnel.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_