



# CLIENT REGISTRATION FORM

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City, State, Zip Code

Home Phone No. \_\_\_\_\_ Work No. \_\_\_\_\_ Cell. No. \_\_\_\_\_

Email Address \_\_\_\_\_

Significant Other or Co-Owner \_\_\_\_\_  
Last First

How did you hear of us? \_\_\_\_\_  
(Person's Name, Online, Yellow Pages, Sign, Other)

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### Feline Companion No. 1

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Indoors or Outdoors? \_\_\_\_\_

Spayed or neutered? \_\_\_\_\_

Date Last Vaccination \_\_\_\_\_

Known Diseases \_\_\_\_\_

List Medications, if any \_\_\_\_\_  
\_\_\_\_\_

### Feline Companion No. 2

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Indoors or Outdoors? \_\_\_\_\_

Spayed or neutered? \_\_\_\_\_

Date Last Vaccination \_\_\_\_\_

Known Diseases \_\_\_\_\_

List Medications, if any \_\_\_\_\_  
\_\_\_\_\_

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### Feline Companion No. 3

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Indoors or Outdoors? \_\_\_\_\_

### Feline Companion No. 4

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Indoors or Outdoors? \_\_\_\_\_

Spayed or neutered? \_\_\_\_\_  
Date Last Vaccination \_\_\_\_\_  
Known Diseases \_\_\_\_\_  
List Medications, if any \_\_\_\_\_  
\_\_\_\_\_

Spayed or neutered? \_\_\_\_\_  
Date Last Vaccination \_\_\_\_\_  
Known Diseases \_\_\_\_\_  
List Medications, if any \_\_\_\_\_  
\_\_\_\_\_

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**Feline Companion No. 5**

Name \_\_\_\_\_  
Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Indoors or Outdoors? \_\_\_\_\_  
Spayed or neutered? \_\_\_\_\_  
Date Last Vaccination \_\_\_\_\_  
Known Diseases \_\_\_\_\_  
List Medications, if any \_\_\_\_\_  
\_\_\_\_\_

**Feline Companion No. 6**

Name \_\_\_\_\_  
Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Indoors or Outdoors? \_\_\_\_\_  
Spayed or neutered? \_\_\_\_\_  
Date Last Vaccination \_\_\_\_\_  
Known Diseases \_\_\_\_\_  
List Medications, if any \_\_\_\_\_  
\_\_\_\_\_

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I hereby authorize the veterinarian to examine, prescribe for, or treat, the above 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 for surgical treatment.

Signature of Owner or Agent \_\_\_\_\_ Date \_\_\_\_\_

**SORRY – NO CHECKS ACCEPTED**