



# PALENCIA *pet clinic*

Welcome to Palencia Pet Clinic. Thank you for giving us the opportunity to care for your pet(s). Please help us meet your expectations by taking a moment to complete both sides of this information sheet.

## CLIENT REGISTRATION:

Pet Owner: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Spouse/Other Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Mobile  Home  Work

Secondary Phone: \_\_\_\_\_  Mobile  Home  Work  Spouse/Other

Driver's License #: \_\_\_\_\_ (Only required if paying by check)

Previous Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

I hereby authorize the veterinarians of Palencia Pet Clinic to examine, prescribe for or treat my pets. I assume responsibility for all charges, including veterinary services, medications and supplies provided to my pet by Palencia Pet Clinic. I understand that these charges must be paid at the time of service. Payment is accepted in the forms of cash, check with valid photo identification, Master Card, Visa, Discover, American Express or Care Credit.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Please List Individual Pets Information on The Back Of This Form**

## PET #1 Registration

Pet's Name: \_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_

Dog  Cat  Other--Please Specify: \_\_\_\_\_

Sex:  Neutered Male  Spayed Female  Male  Female

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

Current Medications: \_\_\_\_\_

Please provide records of previous vaccination and any pertinent written medical notes.

## PET #2 Registration

Pet's Name: \_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_

Dog  Cat  Other--Please Specify: \_\_\_\_\_

Sex:  Neutered Male  Spayed Female  Male  Female

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

Current Medications: \_\_\_\_\_

Please provide records of previous vaccination and any pertinent written medical notes.

## PET #3 Registration

Pet's Name: \_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_

Dog  Cat  Other--Please Specify: \_\_\_\_\_

Sex:  Neutered Male  Spayed Female  Male  Female

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

Current Medications: \_\_\_\_\_

Please provide records of previous vaccination and any pertinent written medical notes.