WELCOME TO OUR PRACTICE

CLIENT REGISTRATION

We thank you for the opportunity to provide veterinary care for your pet family member.
Please take a few moments to fill out this form as completely as possible.

(Office Use Only) **Client ID:** ____

Client Name:

Mailing Address:

street

city state zip

Spouse's/Co-owner's Name:

All fees are due at the time services are rendered. If you wish to pay by check, credit card, bank or debit card, please complete the following:

Driver's License:

Date of Birth:

Other Information our office should know:

CONTACT INFORMATION

Primary Phone:

Text Enabled: ☐ Yes ☐ No

E-mail (for email reminders):

What is your preferred method of contact:

☐ Email ☐ Text Message
☐ Phone Call

Spouse's/Co-Owners Contact:

How did you hear about us?

Is there someone we may thank?
(client or business referral)

____

☐ Facebook ☐ Google (or other search)
☐ Radio ☐ Previous Client of Dr. Cody
☐ Pet store, apartment, or other business (please list above)
☐ Other ________________________________

FINANCIAL POLICY:
Our office accepts Visa, Mastercard, Discover and American Express, along with cash and checks. **Full payment is due at the time of service.** Clients with payment concerns are asked to speak to a Furry Friends team member before their exam. Our staff is happy to provide any client with a written treatment plan prior to services being rendered. Your signature below indicates your agreement with this policy.

TREATMENT CONSENT:
I hereby authorize the veterinarian to examine, prescribe for or treat the below-described pet(s) to the best of their abilities. I assume responsibility for all charges incurred in the care of this animal. I acknowledge that medical information will not be released to anyone not indicated on this form without my express permission.

PHOTO CONSENT:
We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media? Simply check below to authorize this:

____Yes. I authorize Furry Friends Veterinary Hospital to share my pet's photo & story at any time.

____ No. I do not authorize this.

Owner Signature: ______________________________________ **Date:** ____________________

Pet profile on other side -------→

P E T # 1	**P E T # 2**
Pet's Name:	**Pet's Name:**
Date of Birth or Age:	**Date of Birth or Age:**
Species: ☐ **Dog** ☐ **Cat** ☐ **Other**	**Species:** ☐ **Dog** ☐ **Cat** ☐ **Other**
Breed:	**Breed:**
Sex: ☐ Female ☐ Spayed Female ☐ Male ☐ Neutered Male	**Sex:** ☐ Female ☐ Spayed Female ☐ Male ☐ Neutered Male
Color/Markings:	**Color/Markings:**
Vaccinations were last given by (clinic name): **Date:**	**Vaccinations were last given by (clinic name):** **Date:**
Allergies or Long-term Medical Problems:	**Allergies or Long-term Medical Problems:**

P E T # 3	**P E T # 4**
Pet's Name:	**Pet's Name:**
Date of Birth or Age:	**Date of Birth or Age:**
Species: ☐ **Dog** ☐ **Cat** ☐ **Other**	**Species:** ☐ **Dog** ☐ **Cat** ☐ **Other**
Breed:	**Breed:**
Sex: ☐ Female ☐ Spayed Female ☐ Male ☐ Neutered Male	**Sex:** ☐ Female ☐ Spayed Female ☐ Male ☐ Neutered Male
Color/Markings:	**Color/Markings:**
Vaccinations were last given by (clinic name): **Date:**	**Vaccinations were last given by (clinic name):** **Date:**
Allergies or Long-term Medical Problems:	**Allergies or Long-term Medical Problems:**

P E T # 5	**P E T # 6**
Pet's Name:	**Pet's Name:**
Date of Birth or Age:	**Date of Birth or Age:**
Species: ☐ **Dog** ☐ **Cat** ☐ **Other**	**Species:** ☐ **Dog** ☐ **Cat** ☐ **Other**
Breed:	**Breed:**
Sex: ☐ Female ☐ Spayed Female ☐ Male ☐ Neutered Male	**Sex:** ☐ Female ☐ Spayed Female ☐ Male ☐ Neutered Male
Color/Markings:	**Color/Markings:**
Vaccinations were last given by (clinic name): **Date:**	**Vaccinations were last given by (clinic name):** **Date:**
Allergies or Long-term Medical Problems:	**Allergies or Long-term Medical Problems:**