

VETERINARY ASSOCIATES – HAZEL GREEN, GALENA S.C.
CLIENT REGISTRATION FORM

Owner (Last name first): _____ Date: _____

Last First

Address: _____
Street City State Zip

Home Phone () _____ Cell Phone () _____

E-mail Address: _____

Spouse or Co-Owner's Name: _____ Phone () _____

Emergency Contact Person _____ Phone () _____

How did you first hear about us? _____

Pet 1

Pet 2

Name: _____

Name: _____

Birth Date: _____

Birth Date: _____

Species (circle): Cat Dog Other

Species (circle): Cat Dog Other

Breed _____ Sex _____

Breed _____ Sex _____

Neutered? _____ Date _____

Neutered? _____ Date _____

Color _____

Color _____

Date Last Vaccination _____

Date Last Vaccination _____

Last Rabies Vaccination _____

Last Rabies Vaccination _____

Where Shots Obtained? _____

Where Shots Obtained? _____

Long Term Problems _____

Long Term Problems _____

Current Medications, if any _____

Current Medications, if any _____

Reason for visit: _____

It is the policy of Veterinary Associates that all fees be **paid in full at the time services are rendered**. Please be prepared to pay for your visit today. We accept Visa, Mastercard, Discover and debit as well as a local check or cash. Thank you in advance for your cooperation.

By signing below you authorize the veterinarians and staff to examine, prescribe for, and treat the above pets, and assume responsibility for all charges incurred during their treatment and care.

Signature of Owner or Agent: _____ Date: _____