



CLIENT REGISTRATION

Today's Date: _____

Client's Name: _____
Last First Title

Address: _____ ZIP: _____
Street City

Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ E-Mail: _____

Occupation: _____ Employer: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ Exp. Date: _____

Spouse Partner Co-Owner

Name: _____
Last First Title

Occupation: _____ Employer: _____

Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

How did you learn of our practice?: _____

Emergency Contact: _____
Name Phone #

Authorization:

In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of the East Greenbush Animal Hospital, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of client responsible for pet: _____