
Client Registration Form

Have you or your pet been seen by us before? Yes ____ No this is our first time here ____

Reason for your pets visit/Presenting problem: _____

CLIENT INFORMATION (Owner)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Primary contact) _____ (Secondary contact) _____

Email: _____ Date of birth: _____ (required in order for us to prescribe certain medications)

Co-Owner or Authorized Agent: _____ Phone: _____

PETS INFORMATION

Name: _____ Date of Birth or Approximate Age: _____

Species: Dog Cat Breed: _____ Color: _____

Gender: Male-Neutered Male Female-Spayed Female

Vaccine History (circle one): Current Overdue Unsure Date of Last Rabies Vaccine: _____

IN ORDER FOR US TO KEEP YOUR VETERINARIAN UPDATED ABOUT YOUR VISIT PLEASE PROVIDE THE FOLLOWING

Primary Care Veterinarian/Hospital: _____

PET INSURANCE: We are happy to help you complete pet insurance forms for your pet's visit

Do you carry pet insurance? ____ Insurance Company: _____ Policy # _____

I hereby authorize Carolina Veterinary Specialists to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that fees are due at the time of service and that a deposit of 75% of my estimate will be required before treatments or hospitalization. I agree to pay for the cost of all services to which I consent to by written or verbal estimate.

Signature of Owner or Owner's Agent

Date