

CLIENT & PATIENT REGISTRATION FORM



Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT NAME (Owner's Name):

\_\_\_\_\_

SIGNIFICANT OTHER:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY, STATE, ZIP CODE:

\_\_\_\_\_

PHONE NUMBERS (Please check primary number)

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Significant Other: \_\_\_\_\_

EMAIL: \_\_\_\_\_

@gmail.com  @aol.com  @yahoo.com

BIRTHDATE: \_\_\_\_\_

Required for dispensing of controlled substances

EMERGENCY CONTACT: \_\_\_\_\_

Phone: \_\_\_\_\_

REFERRED BY:

\_\_\_\_\_

(Rescue, Internet, Drive-By, Personal Referral, etc.)  
If rescue or personal reference, please list name

PATIENT NAME: \_\_\_\_\_

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

Color(s): \_\_\_\_\_

Gender: M F Unknown

If Avian, how do you know? Egg DNA Dimorphism

Spayed / Neutered? Y / N

Is your pet microchipped? Y / N

If so, microchip number: \_\_\_\_\_

Birthdate / Age: \_\_\_\_\_

Do you currently have pet insurance? Y / N

PATIENT NAME: \_\_\_\_\_

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

Color(s): \_\_\_\_\_

Gender: M F Unknown

If Avian, how do you know? Egg DNA Dimorphism

Spayed / Neutered? Y / N

Is your pet microchipped? Y / N

If so, microchip number: \_\_\_\_\_

Birthdate / Age: \_\_\_\_\_

Do you currently have pet insurance? Y / N

TREATMENT AUTHORIZATION and INFORMATION/PHOTO RELEASE

I hereby authorize Exotic Animal Care Center (EACC) to perform medical and diagnostic/surgical procedures on this animal as required for diagnosis and treatment. I understand that I can terminate treatment at any time by contacting the doctors and/or staff.

EACC and its staff are leaders and teachers in the veterinary medicine field, thus case information and/or photos may be used in teaching, forms continuing education, website, veterinary literature, and the like. I authorize the release of case/patient information for such purposes.

All fees are due at the time of services rendered. Deposits of 50% to 100% are required for all surgical procedures, drop-offs, and emergencies.

I have read and accept the preceding obligations.

OWNER(S) SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_