



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

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 Veterinary Center (EAVC) 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.

EAVC 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. Please read and circle one of the following options:

Exotic Animal Veterinary Center MAY or MAY NOT take photographs of me and my pet(s) for use in publicity, illustration or web content
Exotic Animal Veterinary Center MAY or MAY NOT take my pet(s) for use in publicity, illustration or web content

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 agree that Exotic Animal Veterinary Center the right to photograph me and/or my pets and to use these images with or without my name and for any lawful purpose _____ (Initial)

I have read and accept the preceding obligations.

OWNER(S) SIGNATURE: _____

DATE: _____