

Client Registration Form

Client Name/s:	_____		
Address:	_____		
Phone number:	_____	Phone Number 2:	_____
Email address:	_____		
Emergency Contact Name:	_____	Phone number:	_____
How did you hear about us? Circle one	Google / Facebook / Yelp / Hospital Website / Drive By	Client Referral:	Other:
	_____	_____	_____

Pets Information:	Name:	Name:	Name:
Date of birth:	_____	_____	_____
Sex/altered:	_____	_____	_____
Species/Breed:	_____	_____	_____
Color:	_____	_____	_____
Medical Conditions:	_____	_____	_____
Medications:	1. _____	1. _____	1. _____
	2. _____	2. _____	2. _____
	3. _____	3. _____	3. _____
Diet:	_____	_____	_____
Cats only:	Indoor / Outdoor / Both	Indoor / Outdoor / Both	Indoor / Outdoor / Both

Like us on Facebook at: South Amherst Veterinary Hospital-
Dr. Marci Lowy

Would you like to sign up for our Newsletter?	Yes / No
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I hereby authorize South Amherst Veterinary Hospital to examine, prescribe for, and treat the above animal/s described. I release South Amherst Veterinary Hospital and its veterinarians from any liability related to any such care.

I assume full responsibility for all charges incurred and I understand that a deposit may be required for hospitalization and/or treatment. I understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED and agree to pay for services. We accept Discover, Visa, MasterCard, Cash, and Check for payment.

Signature of Owner or Financially Responsible Party(18 years or older): _____ **Date:** _____