



# Paws & Claws Pet Medical Center

Entered

## Client Registration Form

Account # \_\_\_\_\_

Welcome to Paws & Claws Pet Medical Center. Thank You for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. To ensure the best care possible, please take the time to fill this form out completely. Thank You!

Name: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_  
(Person's name, Google, P&C Website, Phone Book, Other)

### Patient Information

Name: \_\_\_\_\_ Species:  Feline  Canine  Other: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please Circle: Male - Neutered / Female - Spayed Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Are vaccines up to date?  No  Yes If Yes, Date and location last vaccinated \_\_\_\_\_

Where can we obtain records? \_\_\_\_\_

Current Medication, if any: \_\_\_\_\_ Long Term Problems, if any: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

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Reason for visit: \_\_\_\_\_

### Treatment & Payment Information

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my animals. In the event of an emergency, and I am unavailable, I authorize treatment and stabilization of my pets.

**I also understand that full payment is due when services are rendered and that a deposit will be required for surgical or medical treatment.**

Accepted Methods of Payment: Cash Debit Card Visa / MasterCard / Discover / American Express Care Credit  
\*We do not accept checks

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_