

# Chalet Veterinary Clinic Client Registration Form

Your Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Last First Cell ( ) \_\_\_\_\_

Address \_\_\_\_\_  
City Zip code

Driver's License or Social Security # \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Spouse/  
Partner \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Last First Cell ( ) \_\_\_\_\_

Driver's License or Social Security # \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

## Patient Information

	Pet 1	Pet 2	Pet 3	Pet 4
Pet's Name				
Species (dog/cat)				
Breed				
Description/Color				
Date of Birth				
Sex				
Spayed/Neutered				
Last Vaccinated?				

How did you hear about our clinic? \_\_\_\_\_

I assume full responsibility for all fees incurred in the care of my pet(s). I also understand that these fees will be payable at the time services are rendered and that a deposit may be required for the veterinary care of my pet(s). Chalet Veterinary Clinic accepts VISA, MASTERCARD, DISCOVER and CARE CREDIT cards as well as cash or checks as forms of payment.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date