

# Chalet Veterinary Clinic Client Registration Form

(Primary)

Your Name \_\_\_\_\_ Home ( ) \_\_\_\_\_  
Last First Cell ( ) \_\_\_\_\_  
Work ( ) \_\_\_\_\_

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

E-mail \_\_\_\_\_

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(Secondary)

Their Name \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Last First Work ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

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## Patient Information

	Pet 1	Pet 2	Pet 3	Pet 4
Pet's Name				
Species (Dog/Cat)				
Breed				
Description/Color				
Date of Birth Or Approximate Age				
Sex				
Spayed/Neutered?				

How did you find out about Chalet Veterinary Clinic?

- Drove By    Internet/Website    Phone Book    Community Event    Past Client  
 Personal Recommendation (Whom may we thank?) \_\_\_\_\_

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