



Client ID \_\_\_\_\_

### CLIENT REGISTRATION

Today's Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Referred by: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Phone Numbers \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**( Please circle the preferred number to try first and best time to reach you )**

EMAIL: \_\_\_\_\_

Spouse  Partner  Co-owner  Name: \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
(Name of nearest relative not living with you) (Phone #)

How did you hear about us? Yellow pages, sign, friend, website or other (please specify) \_\_\_\_\_

If contacted by a rescue, kennel, hospital, etc. may we release patient information (please circle) **Yes** **No**

#### PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Rockhill Veterinary Associates and their staff to administer treatment and/or perform diagnostic or surgical procedures as deemed necessary.

Signature:

\_\_\_\_\_