



Welcome to our Family

Client Information

Date: _____
Last Name: _____ First Name(s): _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____
Emergency Contact:
Last Name: _____ First Name: _____
Phone: _____ Email: _____

Pet Information

Pet Name: _____ Dog Cat Other: _____
Breed: _____ Color: _____ Weight: _____
Sex: Male Female Neutered/Spayed: Yes No At what age: _____
Date of Birth(m/d/y): ____/____/____ What age did the pet join your family: _____
Your pet came from: Friend Breeder Pet Store Humane Society Other: _____
Describe your pet's diet: _____
Brand of food: _____ Brand of treats: _____ Feedings per day: _____
Number of play times: _____ Number of walks: _____
Previous veterinarian clinic: _____
List your pet's current medications(s): _____
Reason for this visit: _____

Payment Authorization

I hereby authorize Regner Veterinary Clinic and their staff to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of my pet. I also understand that these charges are due at the time of release and that a deposit may be required for medical or surgical treatment.

Signature: _____ Date: _____
Method of payment: Cash Mastercard Visa Discover Card Care Credit (No checks please)

www.RegnerVeterinary.com

