Client Registration Form

Name:_____

Address: (Street)_____

City, State, Zip Code: _____

Driver's License or I. D. Card Number: _____ Expiration date:_____

Social Security Number: _____ Birthday: _____

Occupation: _____

Employer: _____

 Address: (Street & Number) _____

City, State, Zip Code: _____

Telephone Numbers (please include area code):

e-mail: _____

Home:(____)_____-_____ Work:(____)_____-_____

Cell:(____)_____-_____ Pager:(____)_____-_____

Referred By: _____

SBC Yellow Pages _____ Greater Waco Yellow Pages (Black Book) _____

Baylor Directory _____ Saw Sign _____ Friend _____ Other _____

Name of friend: _____

Alternate Contact: _____

Please circle: Spouse   Partner   Co-owner   Other: _____

Address: (Street & number if different than above) _____

City, State, Zip Code: _____

Telephone Numbers: (please include area code)

Home:(____)_____-_____   Work:(____)_____-_____

Cell:(____)_____-_____   Pager:(____)_____-_____

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

How will you be making payment today? * **Sorry, we DO NOT charge!**

Cash ____   Check ____   Visa ____   M/C ____   Discover ____   American Ex. ____

* In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Emerson Animal Hospital, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

* No guarantee or assurance can be made as to the results that may be obtained.

* Further, I understand that a deposit of 50% is required before services are performed and I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.

* I understand that I am personally financially responsible for all services rendered by the doctors and staff of Emerson Animal Hospital and that payment is due on the date performed.

Signature: _____   Signature:_____

* Issuers of bad checks and persons attempting theft of services will be prosecuted to the full extent of the law

Patient Registration

Please circle:

Dog   Cat   Bird   Rabbit   Reptile   Rodent   Other_____

Pet's Name: _____   Breed: _____

Birthdate/Age (approx. if unknown): _____

Please circle: Male   Neutered Female Spayed

Color/Markings: _____ Identification: _____

Vaccination history (please circle those that apply and provide the date of the last vaccination):

Dogs: Rabies   Distemper-Parvo   Bordetella/Kennel Cough   Lyme

Date:_____   _____   _____   _____

Cats: Rabies   Feline upper respiratory   Feline Leukemia   FIP

Date: _____   _____   _____   _____

Ferrets: Rabies   Distemper

Date: _____   _____

Where: _____

What are you feeding your pet?: _____

Do you have, or have you ever had, other pets treated by us before?: _____

If yes, what were their names? : _____