

Whistle Veterinary Clinic
Client Registration Form

Owner Name: _____
 Address: _____
 City: _____ Zip Code: _____
 Home #: _____
 Cell#: _____
 Work #: _____ **How did you hear about us?** _____
 E-mail address: _____
 Driver license # (need if getting controlled medications): _____
 State: _____ Date of Birth: _____
 Preferred method of contact: which phone: _____ text: _____ Email: _____

PET HEALTH HISTORY:

Patient Name: _____ Dog Cat Other Breed: _____ Breed: _____ _____ Birthdate: _____ Color _____ Male _____ Neutered _____ Female _____ Spayed _____ Date Last Vaccinated: _____ Previous Veterinarian Clinic: _____	Patient Name: _____ Dog Cat Other Breed: _____ Breed: _____ _____ Birthdate: _____ Color _____ Male _____ Neutered _____ Female _____ Spayed _____ Date Last Vaccinated: _____ Previous Veterinarian Clinic: _____
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Authorization:

I hereby authorize the Veterinarian to examine, treat and prescribe for the pet (s) listed.
 I assume responsibility for all charges incurred in the care of the animal
 I also understand that these charges will be paid for at the time of visit and prior to release.
 I hereby authorize Whistle Veterinary Clinic to use photos of my pet(s) on social media such as facebook, websites, instagram ect.

Signature: _____ Date: _____
 Owner and/or Responsible Party