

WINDHOVER VETERINARY CENTER CLIENT REGISTRATION FORM

Please Check One:

New Client

Current Client-New Pet

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City, Town, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Employer _____

FaceTime ID _____ Skype ID _____

Spouse Or Co-Owner's Name _____

Cell Phone _____ Work Phone _____ Employer _____

How did you hear of us? Google Facebook Windhover Website Yelp Drive By
 Print Advertisement Other (please specify) _____

PET NUMBER 1

Name _____

Birth Date _____ Color _____

Species: Bird Cat Dog Other _____

Breed _____

Sex: Male Neutered Female Spayed

Last Rabies Vaccination _____ Expires _____

Other Vaccination History _____

Where Vaccinations Obtained _____

Long-Term Problems _____

Current Medications _____

Reason for Visit _____

PET NUMBER 2

Name _____

Birth Date _____ Color _____

Species: Bird Cat Dog Other _____

Breed _____

Sex: Male Neutered Female Spayed

Last Rabies Vaccination _____ Expires _____

Other Vaccination History _____

Where Vaccinations Obtained _____

Long-Term Problems _____

Current Medications _____

Reason for Visit _____

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of described pet(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for hospitalization and/or surgical treatment.

Windhover Live Vet Disclaimer: This service is for consultation only. A diagnosis or treatment cannot be given without a proper veterinarian client relationship. This relationship can only be established if the pet is physically seen. This service is not a substitute for having an office visit by your veterinarian. I also understand that services for Windhover Live Vet must be paid for in advance.

Signature of Owner or Agent _____ Date _____

If sending this completed form electronically, please enter your name above and check this box:

By checking this box, I attest that the completed information is accurate. Please accept this as my signature.