



Millerton
Veterinary
Practice PLLC

CLIENT REGISTRATION FORM

Please check one: New Client Current Client

Name _____
Last First Middle Initial

Mailing Address _____
P.O. Box / Street City State, Zip Code

Physical Address _____
Street City State, Zip Code

Driver's Lic # _____ Phone _____ Cell # _____
(For check writing purposes only)

Employer _____ Work # _____

Spouse or Co-owner's Name _____

Employer _____ Work # _____

Email Address _____

How did you first hear of us? _____
(Person's name, yellow pages, sign, newspaper, other)

Pet #1

Pet #2

<p>Name: _____</p> <p>Species: <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other _____</p> <p>Birth Date: _____ Sex: M F Neutered? _____</p> <p>Breed: _____</p> <p>Previous Veterinarian: _____</p> <p>Any Long-Term Problems/Concerns: _____</p> <p>_____</p> <p>Current Medications: _____</p> <p>_____</p>	<p>Name: _____</p> <p>Species: <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other _____</p> <p>Birth Date: _____ Sex: M F Neutered? _____</p> <p>Breed: _____</p> <p>Previous Veterinarian: _____</p> <p>Any Long-Term Problems/Concerns: _____</p> <p>_____</p> <p>Current Medications: _____</p> <p>_____</p>
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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 this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical/hospitalization treatment.

Signature of Owner or Agent _____ Date _____