

PDF.ADOBFRIENDSHIP SPRINGS VETERINARY CARE REGISTRATION

PLEASE COMPLETE ALL BLANKS. USE "N/A" FOR "NOT APPLICABLE" IF NECESSARY.

FIRST NAME, MI, LAST NAME		SPOUSE OR OTHER OWNER FIRST NAME, MI, LAST NAME (IF DIFFERENT)	
ADDRESS			
POSTAL CODE	CITY	STATE	HOME TELEPHONE
			HOME FAX

CELL TELEPHONE	BUSINESS TELEPHONE	BUSINESS FAX	OTHER TELEPHONE	OTHER TELEPHONE
EMPLOYER NAME & ADDRESS			EMAIL	

SPOUSE CELL TELEPHONE	SPOUSE BUSINESS TELEPHONE	SPOUSE BUSINESS FAX	SPOUSE OTHER TELEPHONE	SPOUSE OTHER TELEPHONE
SPOUSE EMPLOYER NAME & ADDRESS			SPOUSE EMAIL	

PET NAME	SEX	NEUTERED/SPAYED	AGE/BIRTHDATE	SPECIES	BREED	COLOR
	Male Female	Yes No				
MICROCHIP IMPLANT		RABIES TAG INFORMATION		ALLERGIC REACTIONS TO VACCINES OR MEDICATIONS?		
<input type="checkbox"/> No If yes, the number is: _____ <input type="checkbox"/> Avid <input type="checkbox"/> Home Again _____ <input type="checkbox"/> Other		Number.: _____ Yr: _____ This information is not needed if we are vaccinating for rabies today.		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list medications and details of reactions.		
ONGOING PROBLEMS AND MEDICATIONS CURRENTLY BEING GIVEN.						
PREVIOUS ILLNESSES, TRAUMAS, DRUG REACTIONS, OR OTHER PROBLEMS						
MOST RECENT VETERINARIAN NAME, ADDRESS & TELEPHONE						
ANY OTHER INDIVIDUALS AUTHORIZED TO MAKE MEDICAL AND FINANCIAL DECISIONS REGARDING THIS PET						

I learned about Friendship Springs Veterinary Care because of:

- | | |
|--|--|
| <input type="checkbox"/> I am a returning client with a new pet. | <input type="checkbox"/> Referral from friends or family (please let us know who so that we may thank them) |
| <input type="checkbox"/> Signage/Drive-by/Other similar | <input type="checkbox"/> Other Internet Search Engines (Kudzu.com, VetRatingz.com, CitySearch.com, etc.) |
| <input type="checkbox"/> Yellow Pages Telephone Book | <input type="checkbox"/> Another business (Other Veterinarians, Groomers, Humane Shelters, Animal Control, etc.) |
| <input type="checkbox"/> Yellow Pages Internet | <input type="checkbox"/> Other (Please Specify): _____ |
| <input type="checkbox"/> Our Internet Website | |

ARE EITHER YOU OR YOUR SPOUSE/PARTNER (CIRCLE). PROOF WILL BE REQUESTED:

Over 65 Years of Age Policeman Fireman Active Duty Military* Retired Military** War Veteran***

*Army, Air Force, Navy, Marines, National Guard, Coast Guard.

**Retired after 20 or more years active duty.

***Military veteran with overseas combat service.

I have been given a copy of the General Policies of Friendship Springs Veterinary Care and that they are also posted on our website at www.FriendshipSpringsVet.com. I understand that these policies are subject to change. I understand and agree to the policies as currently posted on the website and to any changes that may be posted at a later time.

Payment is expected in full at each visit without exception. In accordance with our posted payment policy, we accept cash, checks, debit cards, VISA, MasterCard, American Express, and Discover. Deposits may be required at our discretion.

Signature _____

Print Name _____

Date _____