



1638 Cox Rd.
Blackstone, VA 23824
434-292-1298

Client Registration

Thank you for giving us the opportunity to care for your pet. To help us best serve your needs, please take a moment to complete the following information.

Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___ Date _____

Owner's Name _____ Spouse/Other _____

Owner's Date of Birth (needed for dispensing certain medications) _____

Address _____ Apt _____

City _____ County _____ State _____ Zip Code _____

Mailing Address if different from above _____

Home phone _____ Work phone _____ ext _____

Cell phone _____ email _____

Owner's employer _____

Spouse/Other's employer _____

If paying by check or credit card please provide the following information:

SSN _____ or Driver's License# _____ State _____

Emergency Contact Name _____ relationship _____

Emergency contact's phone #(s) _____

Is this person authorized to make decisions about your pet's health? Yes _____ No _____

How did you hear about our clinic? _____

Is there someone we can thank for referring you to our clinic? Yes _____ No _____

Their name(s) _____

FEES ARE DUE AT THE TIME OF SERVICE

We regret that we cannot extend credit, but we accept VISA, MasterCard, Discover, CareCredit, good check with proper ID and cash.

I hereby authorize the veterinarian to examine, prescribe for and treat my pet. I understand I am responsible for all fees associated with this care and that these fees must be paid for in full at time of service. I attest that I am at least 18 years of age.

Signature of Owner _____ date _____