Sample: Companion Animal Client Registration Form

Client ID:	
Animal ID:	

CLIENT INFORMATION

Client Name 1:				Owner? ☐ Yes ☐ No
Address:				
Phone Numbers:	Home:	Work:	Cell:	Fax:
Email Address:				
Preferred method of contact:	☐ Home phone ☐ Work phone ☐ Cell phone ☐ Text ☐ Email			
Client Name 2:				Owner? ☐ Yes ☐ No
Address:				
Phone Numbers:	Home:	Work:	Cell:	Fax:
Email Address:				
Preferred method of contact:	☐ Home phone ☐ Work phone ☐ Cell phone ☐ Text ☐ Email			
Who has decision-making authority? ☐ Client 1 ☐ Client 2 ☐ Either Client 1 or 2 ☐ Both Clients 1 and 2				

EMERGENCY CONTACT INFORMATION

Name:				
Address:				
Phone Numbers:	Home:	Work:	Cell:	Fax:
Email Address:				

In the event that I am unavailable, the individual named above is authorized to:

- ☐ make **medical** decisions on my behalf regarding the animal named below.
- ☐ make **financial** decisions on my behalf regarding the animal named below up to $ _____.

PATIENT INFORMATION

Name:					
Species:	☐ Canine ☐ Feline ☐ Other: _____		Sex:	☐ Male ☐ Female	☐Neutered ☐ Spayed
Breed:		Colour:		Markings:	
Microchip:		Tattoo:		Date of Birth:	
Known drug allergies:					
Current medications or supplements:					
Current diet:					
Previous Veterinarian/Clinic:				Phone:	

Client Signature

Date