



CLIENT REGISTRATION FORM

TODAY'S DATE _____

MR
MRS .
MISS .

Last name First name Middle name Home number Cell number

ADDRESS _____

Number Street City Zip code Spouse's Name and cell number

E-MAIL ADDRESS _____

REFERRED BY : _____ SOCIAL SEC. NO _____ DRIVER LIC. NO _____

PET'S NAME _____ SPECIES _____

BREED _____ COLOR _____ MALE OR FEMALE _____

BIRTHDAY _____ AGE _____ NEUTERED OR SPAYED _____

PET'S NAME _____ SPECIES _____

BREED _____ COLOR _____ MALE OR FEMALE _____

BIRTHDAY _____ AGE _____ NEUTERED OR SPAYED _____

I hereby consent and authorize you, Doctor Frye to receive, prescribe for, treat and/or operate upon.

You are to use all reasonable precautions against injury, escape, or destruction of the animal(s), but you will not be held liable or responsible in any manner whatever, or any circumstances, on account of the care, treatment, or safe keeping of the animals(s) above described, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks.

Written notice will be mailed to the address below to remove the animal(s). Five days after such written notice the animal(s) will be considered abandoned and may be disposed of, or destroyed, as you deem best, and it is understood that your so doing does not relieve me from paying all costs of your service and the use of your hospital, including the cost of keeping.

I have read the foregoing and agree.

OWNER _____ ADDRESS _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME THEY ARE RENDERED

PLEASE CIRCLE YOUR METHOD OF PAYMENT

CASH CHECK VISA M/C

SIGNATURE OF OWNER _____

SIGNATURE OF PERSON PRESENTING THIS PET FOR TREATMENT IF OTHER THAN OWNER _____

RELATIONSHIP TO OWNER _____