

# READLYN VETERINARY ASSOCIATES

## New Client Registration

### REGISTRATION

Owner: \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Spouse: \_\_\_\_\_ SS#: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Spouse) \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
How did you learn of our clinic?  Website  Yellow Pages  
 Sign  Recommendation  
If recommended, by whom/Whom may we thank?: \_\_\_\_\_  
Number of Pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other (specify) \_\_\_\_\_  
Reason for Visit: \_\_\_\_\_

### PET HEALTH HISTORY

Name of Pet: \_\_\_\_\_  Dog  Cat (Circle) Male/Neutered/Female/Spayed  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Vaccination History (Dates and types of last vaccines): \_\_\_\_\_  
Pet's current diet: \_\_\_\_\_  
Pet's current medications: \_\_\_\_\_  
Please circle any symptoms or problems that you have noticed about your pet:  
Behavior Problems    Bleeding Gums    Breathing Problems    Coughing    Diarrhea    Gagging  
Lack of Appetite    Limping    Loss of Balance    Scooting    Scratching    Depressed  
Shaking Head    Sneezing    Drinking more    Peeing more    Vomiting    Weakness  
Other Signs (Please Describe): \_\_\_\_\_

### AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. 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 service** and that a deposit may be required for surgical treatment.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Method of payment:  Cash  Check  MasterCard  VISA