



Thank you for giving Family Pet Clinic, S.C., an opportunity to care for your pet(s). So that we may be better acquainted and provide the best services for you and your pet(s), please complete the following:

Office Use Only
Chart #: _____
Entered by: _____
Last updated: _____

Family Pet Clinic

Registration Form

Date: ___/___/___

Owner Information

• Owner: _____, _____
Last First

• Owner's DOB: ___/___/___

• Address: _____ • City: _____ • State: _____ • Zip: _____

• Occupation: _____ • Place of Employment: _____ • City/State: _____
(Owner)

• Occupation: _____ • Place of Employment: _____ • City/State: _____
(Co-Owner)

• E-mail address: _____ • Best time to contact: _____

• Co-Owner/Spouse: _____, _____
Last First

• Owner's Drivers License #: _____

Spouse
 Significant Other
 Family _____
 Other _____

Contacts

	Type:	Belongs To:	Receive Text/SMS:
	(Circle One)	(Circle One)	(Circle One)
Primary #: _____ - _____ - _____	Cell Home Work	Owner / Co-owner	Yes / No
Secondary #: _____ - _____ - _____	Cell Home Work	Owner / Co-owner	Yes / No
Alternate #: _____ - _____ - _____	Cell Home Work	Owner / Co-owner	Yes / No

Contact Authorization

In providing an email address and/or cell phone number, I give Family Pet Clinic permission to contact me via email/text for the following items I have marked, when it is an option. Family Pet Clinic will do their best to provide reminders and updates, however I understand that the best way to make sure my pet is current, is to call Family Pet Clinic. **Initial** _____
 (Please mark the following with how you would prefer to be notified, when possible. Check all that apply.)

	Text / Email / Call				Text / Email / Call		
Vaccine/Appointment Reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Normal Lab Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rx ready for pick up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Etc _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Updates during pet's stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Emergency Contact

In case of an emergency and we cannot contact you, who may we contact? Can this contact be given authority to make decisions regarding your pet's care? Name: _____ Phone Number: ___-___-___ YES NO

Client/Pet Image Release

I hereby give Family Pet Clinic permission to obtain photographs and/or video of my pet(s) which may be used to help maintain things such as social media and the FPC website. They may be included in any ways that allow for client education, marketing and/or the running of Family Pet Clinic. I give permission to use my pet(s) photos/videos along with their first name only.

I **GIVE** Family Pet Clinic permission I **DO NOT** give Family Pet Clinic permission

How did you learn about Family Pet Clinic? _____

(Personal Referral, Facebook, Yelp, Google Search, Drive-By, etc.) If a personal referral, please list their name so we can thank them!

I hereby authorize Family Pet Clinic and its veterinarians to examine, diagnose, prescribe and treat my pet(s). I understand that full payment is due at the time services are rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. It is our policy to provide you with a written estimate of fees for any case, when possible. For extreme circumstances and with prior approval, a payment plan may be worked out requiring a deposit between 50% and 75% down prior to treatment.

I acknowledge that I have read, understand and agree with the above information.

Signature: _____

Date: _____

(over ↓)

