

# LRVC - CLIENT REGISTRATION

OFFICE USE ONLY

NAME:

Client #

ADDRESS:

APT/UNIT#:

CITY:

STATE:

ZIP:

\*\*EMAIL:

@

*\*\*NOTE: If you wish to use our online Pet Portal (your pets health information) an email address is required.*

HOME PHONE:

CELL PHONE:

WORK PHONE:

GATED: Y / N CODE: \_\_\_\_\_

CROSS STREETS / DIRECTIONS:

**PHOTO RELEASE:** I grant and agree that Laurel Rd Vet Clinic, its representatives / employees the right to take photographs of me and/or my pet(s) with or without my name and to copyright, use and/or publish the same in print and/or electronically for marketing and informational purposes.  
 SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

REFERRED BY OR OTHER:

*Please let us know how you came to visit us today - we like to thank our referrals!*

## PET(S) INFO:

	NAME	SPECIES	BREED	COLOR	SEX / ALTERED	D.O.B	MICROCHIP Y / N
1					/		
2					/		
3					/		
4					/		
5					/		
6					/		
7					/		
8					/		
9					/		
10					/		

PLEASE SIGN THE FOLLOWING AUTHORIZATION FOR TREATMENT:

I hereby authorize the staff of Laurel Road Veterinary Clinic to render any treatment that is deemed necessary to my pet(s) health while in the care and/or custody of the clinic. I understand that I will be financially responsible for all services and/or treatments including any estimate of charges provided to me in person or over the telephone. *I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the clinic.*

SIGNATURE OF OWNER, AGENT

DATE

SIGNATURE OF SPOUSE

DATE