

## LRVC- Client Registration

Name: \_\_\_\_\_

Address: \_\_\_\_\_ APT: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ OK to Text: Y or N

Spouse Name: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Pet(s) Info:**

Name	Species	Breed	Color	Sex/Altered	D.O.B.	Microchip Y/N

**Consent for the release of medical records (Please initial all that apply)**

\_\_\_ I authorize Laurel Road Veterinary Clinic (LRVC) to release/disclose met Pet’s health and medical records to any veterinary facility that may request them.

\_\_\_ I authorize the LRVC to release/disclose my pet’s health and medical records to any grooming/ boarding/ pet care facility that may request them.

\_\_\_ I authorize that LRVC to release/disclose my pet’s health and medical records only to the facilities listed:

\_\_\_\_\_.

\_\_\_ I do NOT authorize the LRVC to release/disclose mt pet’s health and medical records without prior \_\_\_\_\_ written \_\_\_ verbal consent.

Please sign the following authorization for treatment: ***I hereby authorize the staff of LRVC 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 serves and/or treatment including estimate of changes provided to me in person or over the phone. 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: \_\_\_\_\_ Date: \_\_\_\_\_