Elite Veterinary Hospital

New Client Registration Form

Welcome to Elite Veterinary Hospital and thank you for giving us the opportunity to care for your pet. We look forward to working with you in maintaining your pet's health. Please complete the following as we would love to become better acquainted with you and your pet.

Owner Information:

Name: (First)_____ (Last)_____

Address: _____ City:_____ Zip:_____

E-Mail Address: _____

Home: (_____)-_____-_____ Cell:(_____)-_____-_____

How were you referred to our office? _____Web _____Family/Friend _____Other

Pet Information:

Name:_____ Canine:_____ Feline:_____ Age:_____ years/months

Breed:_____ Color: _____ Male:_____ Female:_____

Spayed_____ Neutered_____

Reason for visit today:_____

Name:_____ Canine:_____ Feline:_____ Age:_____ years/months

Breed:_____ Color: _____ Male:_____ Female:_____

Spayed_____ Neutered_____

Reason for visit today:_____

Driver's License#_____ State:_____ D.O.B:_____

I hereby consent and authorize the doctor on duty at Elite Veterinary Hospital to examine, treat, prescribe and/or operate upon the above named animals(s). I accept responsibility for following his or her directions and payment of fees. IMPORTANT!!! You will be given the terms concerning your responsibilities to when you may pick up your animal(s) and the disposal of your animal(s). By signing below you are agreeing to the terms on this page.

Date: _____ Owner's Signature: _____