

Companion Pet Hospital
Client Registration & Authorization for Treatment

Date: _____

Client Info (Pet Owner):

Name: _____
LastFirstMiddle Initial

Address: _____
StreetCityStateZip

Preferred Phone #: _____ Alternate Phone #: _____
(Circle one: Home / Mobile / Work)(Circle one: Home / Mobile / Work)

Email Address: _____ Preferred contact method: Phone / Text / Email

Co-Owner's Name: _____ Phone #: _____
(Relationship to Owner: Spouse / Partner / Family / Friend)(Circle one: Home / Mobile / Work)

Patient Info (Pet):

Name: _____ DOB/Approx Age: _____

Species: Canine / Feline Sex: Male / Female Spayed/Neutered?: Yes / No

Breed: _____ Color/Markings: _____

Microchip #: _____ Name of your Pet Insurance carrier: _____

Previous Veterinarian from whom records may be requested? _____

Describe your pet's temperament at the vet (circle all that apply): Calm / Excitable / Friendly / Fearful / Aggressive

Can images of your pet be displayed on social media or our website? Yes / No

How did you first hear about us? (Website, Google, Facebook, Yelp, drove by, etc.) _____

If referred by a friend, whom may we thank? _____

The greatest compliment you can give is the referral of your family and friends.
Ask one of our staff members about how you can benefit from sending a new client referral!

I authorize the veterinarians and staff of Companion Pet Hospital to administer treatment and/or perform diagnostic or surgical procedures as deemed necessary.

I assume full responsibility for all charges incurred in the care of my pet and understand that payment is due at the time of service.

Signature of Owner or Agent: _____

Name (if other than owner): _____