



Etowah Veterinary Hospital

Client Registration Form

Name _____ Spouse's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____ Spouse's Cell _____

Employer _____ Work Phone _____

Spouse's Employer _____ Work Phone _____

E-Mail Address _____

If necessary, can we call you at work? Yes No
(In case of an emergency, all contacts will be tried.)

Previous Veterinarian _____ Phone _____

Do you have any other pets at home? Please tell us about them too.

Name	Breed	M/F	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you interested in or would you like more information on holistic medicine? Yes No

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED; NO BILLING.

What form of payment do you prefer to use? _____ Cash _____ Check _____ Credit Card

In case I am unable to personally pick up my pet(s) after treatment and/or boarding, I herby authorize Etowah Veterinary Hospital to release my pet(s) to the following person(s):

1)

2)

Signature _____ **Date** _____