



Client Registration Form

Last Name		First Name		Spouse / Co-Owner	
Home Phone		Cell Phone		Work Phone	
Home Address			City		State
					Zip
Owner's Date of Birth <small>(Required to dispense controlled substances)</small>		Driver License Number <small>(Required to dispense controlled substances)</small>		Referred By	
Email Address			Occupation		

Pet's Name	K9/ Feline	Sex	Spayed/ Neutered?	Birth Date/ Age	Breed	Color/Description

Previous animal hospital(s) for records: \_\_\_\_\_

If you would like the convenience of keeping your card on file, please fill out this section.

Number: \_\_\_\_\_ Exp.: \_\_\_\_\_ CV Code: \_\_\_\_\_

I authorize McGrath Veterinary Center to charge the credit card listed above at the time of service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize McGrath Veterinary Center to share pictures of my pet(s) on social media (optional).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I authorize McGrath Veterinary Center to care for my pet(s), and I am aware that I am financially responsible for any and all charges at the time service is rendered.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**