



# Client/Patient Registration Form

Name (First and Last): \_\_\_\_\_

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

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

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Owner DOB (DD/MM/YY): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Required to dispense controlled substances)

Additional Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

.....  
Pet Name: \_\_\_\_\_ Sex: Male / Male Neutered / Female / Female Spayed

Species: Canine / Feline Breed: \_\_\_\_\_

Colors: \_\_\_\_\_ Microchip: No / Yes

Age/DOB: \_\_\_\_\_ Microchip#: \_\_\_\_\_

Patient alerts (allergies, behavior, etc): \_\_\_\_\_

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

.....  
Pet Name: \_\_\_\_\_ Sex: Male / Male Neutered / Female / Female Spayed

Species: Canine / Feline Breed: \_\_\_\_\_

Colors: \_\_\_\_\_ Microchip: No / Yes

Age/DOB: \_\_\_\_\_ Microchip#: \_\_\_\_\_

Patient alerts (allergies, behavior, etc): \_\_\_\_\_

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

.....  
I authorize McGrath Veterinary Center to share pictures/videos of my pet 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: \_\_\_\_\_