

CROSSROADS VETERINARY HOSPITAL

Client Registration Form

Name _____ Spouse _____

Address _____ City _____ St _____ Zip _____

Home Phone _____ Cell Phone _____ Other _____

Employer _____ Office Phone _____

Spouse's Employer _____ Office Phone _____

If necessary, may we call you or your spouse at work? Yes No

Emergency Contact _____ Phone _____

Email Address _____

How did you become aware of our hospital? Yellow Pages Hospital Sign

Personal referral (please name) _____

Do you have pet insurance? Yes No Would you like some information on it? Yes No

Please answer the following:

My pet is considered part of my family, and I want to provide the best medical care available.

True False

Please list the name and number of your previous veterinarian:

Does your pet have allergies, and if so, to what?

Please list your pets: _____

Note: We have trained paraprofessionals to restrain your pet during examination and/or treatment. If you elect to restrain your pet yourself, please understand that we cannot be responsible for any injuries incurred.

Do you have any questions or concerns that you would like to discuss today? Please list them:

Client Signature _____ Date _____

Driver's License # _____ SSN _____
