Chesapeake Veterinary Clinic
Routine Client Registration Form

I certify that I own and assume financial responsibility for the animal(s) listed below. I agree to pay the total charges at the end of each visit. In an emergency situation or where hospitalization is needed, a deposit will be required for treatment of said animal(s). The remaining balance is to be paid when the animal is released. **We do not have charge accounts, so payment is expected at the end of each visit.** Clients are responsible for all charges incurred. Thank you.

Owners Signature:_____Print Name:_____
Referred By:_____
SS#_____
Spouse's Name:_____Souse's SS#:_____
Address:_____
_____
Home Phone #:_____Cell #:_____
Place of Employment:_____
Work #:_____Email Address:_____
Spouse's Place of Employment:_____
Work #:_____
Name / Phone # of Relative / Friend to Contact in Case of
Emergency:_____
Bank Name:_____DRLicense # and State:_____

Patient Name(s):_____
Cat or Dog:_____
Breed:_____
Color:_____
Male or Female:_____
Neutered or Spayed:_____
Birth Date (Mo/Year):_____
Last Date of:
- K-9 Distemper_____
- Rabies_____
- Feline Leukemia_____
- Feline Combination_____
- Other Vaccinations_____
- Fecal Exam_____
- Heartworm Test_____

DVM / Clinic where last seen_____
List past illness / injury_____
Is your pet allergic to any medications?_____
Reason for today's visit_____
Have you had a pet in this office before today?_____
Circle any form of payment you plan to use today or in the future.

Cash **Electronic Check** **Visa** **Master Card** **Discover**