



# Welcome!

Thank you for the opportunity to care for your pet. we'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Thank you!

## CLIENT REGISTRATION FORM

Today's Date: \_\_\_\_\_

Owners Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (Unit/Ste/Apt)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Can we send you text message communications? Yes No

Email: \_\_\_\_\_ *Your date of birth:* \_\_\_\_\_

Co-Owner/Spouse Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Co-Owner/Spouse Cell Phone: \_\_\_\_\_ Co-Owner/Spouse Work Phone: \_\_\_\_\_

**How did you hear about us?** Drive by Cotswold Website Google Facebook Other: \_\_\_\_\_

## PET INFORMATION

Previous Veterinarian: \_\_\_\_\_ Practice Name: \_\_\_\_\_ City/State: \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ Cat Dog Other: \_\_\_\_\_ Female Male Spayed Neutered

Age/DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ Cat Dog Other: \_\_\_\_\_ Female Male Spayed Neutered

Age/DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ Cat Dog Other: \_\_\_\_\_ Female Male Spayed Neutered

Age/DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ Cat Dog Other: \_\_\_\_\_ Female Male Spayed Neutered

Age/DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of these animals. I understand these charges must be paid at time of release and a deposit may be required for certain treatments.

**Signature of Owner/Agent:** \_\_\_\_\_ Today's Date: \_\_\_\_\_

Method of payment: Cash Debit Credit Card Care Credit **We do not accept checks.**