

Client Registration Form

CLIENT INFORMATION

Please Check One: New Client Specialty/ER Client Current Client-New Pet

Your Name _____ Spouse/Partner's Name _____

Home Address _____ Apt. _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Employer _____ Occupation _____

How did you hear of us? _____

If referral/ER client – Primary Veterinarian _____

PET INFORMATION

Pet Name _____	Pet Name _____
Birth Date/Age _____	Birth Date/Age _____
Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other
Breed _____	Breed _____
Sex _____ Spayed/Neutered _____	Sex _____ Spayed/Neutered _____
Color/Markings _____	Color/Markings _____
Last Rabies Vaccine _____	Last Rabies Vaccine _____
Known Medical Conditions _____	Known Medical Conditions _____
Presenting Problem/Visit Reason _____	Presenting Problem/Visit Reason _____

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). NEVCCC requires payment in full at the end of your pet's examination and/or at the time of discharge. We DO NOT bill for any products or services rendered. We will gladly prepare an estimate for you upon your request. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved. I agree to pay for the cost of all services for which I consent to by written or verbal estimate. To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from all external parasites. The signature below authorizes this level of care and the appropriate charges will be assessed in the discharge invoice. **Your signature is also an acknowledgment that you understand the above payment policy.**

Signature _____ Date _____

Model Release

I hereby give permission for photos of my pet to be taken and potentially used for publication and/or promotion by New England Veterinary Center & Cancer Care, Windsor, CT. These photographs may be in print form or on the New England Veterinary Center website or Facebook page. Your personal information will not be disclosed-just your pet's name. **Your signature is an acknowledgment that you give permission for us to use your pet's photo.**

Signature _____ Date _____