



# Yosemite Veterinary Hospital

## Client Registration Form

Your Name: \_\_\_\_\_

Your Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (For dispensing medication)

Phone Numbers: Primary: \_\_\_\_\_

Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**How did you hear about us?** (Circle one): Google/ Facebook/ Yelp/ Friends/Others

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

Alternate Contact (Spouse/other): \_\_\_\_\_

Phone Number: \_\_\_\_\_

	Pet #1	Pet #2
Pet's Name:		
Birthdate:		
Species:	Dog/Cat	Dog/Cat
Breed:		
Color:		
Sex:	Male/Female	Male/Female
Spayed/Neutered?:		

I hereby authorize the Veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid for by the date of release, and that a deposit will be required for surgical treatment or hospitalization.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_