



PORTE VETERINARY HOSPITAL
CLIENT REGISTRATION

Owner's Name: _____ Owner's Date of Birth: _____
Name of Spouse/Partner : _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Spouse/Partner Cell: _____ Best Number? [] Home [] Cell [] Spouse Cell
E-mail Address: _____
Employer: _____ Work Phone: _____
Business Address: _____
Present Position: _____
In case of emergency, who should be notified? _____
Emergency Phone: _____

We will gladly provide a written estimate if you desire. Please ask the receptionist or doctor.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

WE OFFER CARE CREDIT.

How will you be paying for today's visit? [] Cash [] Mastercard [] Visa [] Check

If using charge card: Name on Card: _____

Card Number: _____ Expiration: _____

How did you choose this office? _____

If individual referral, whom may we thank? _____

Why did you leave your last veterinarian? _____

What pets are in your household? (Please list breed and age) _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED
ANIMALS MUST BE CURRENT ON ALL VACCINATIONS AND FREE OF PARASITES, INCLUDING FLEAS.

I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Signature: _____

Comments: _____