

Companion Animal Clinic

2428 N Meridian Oklahoma City, OK 73107

405-947-2020



Client Registration Form

Owners Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other Phone: _____

Spouse: _____ Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Who can we thank for referring you to our practice? _____

Patient Information

Name: _____ Age or Date of Birth: _____

Species (please circle): Canine Feline Avian Reptile Other: _____

Breed: _____ Color: _____

Sex (please circle): Male Female Neutered or Spayed (please circle): Yes No

Is your pet microchipped (please circle)? Yes No Unknown

Date and location of last vaccinations: _____

Is your pet currently taking any medications, vitamins, or supplements? If so, please list below:

Is your pet taking Heartworm prevention (please circle)? Yes No

If yes, what are they using (please circle)? Heartgard Proheart Trifexis Revolution Sentinel

Other: _____

What food / treats does your pet eat? _____

Does your pet have any known allergies? _____

Please list any prior surgeries or illnesses: _____

I hereby authorize the veterinarian to examine and treat the above named pet. I assume full financial responsibility for all charges incurred. All professional fees are due at the time services are rendered. We accept cash, checks, all major credit cards, and offer both Care Credit and Scratch Pay.

Signature: _____ **Date:** _____

There may be a case when someone other than you may need to bring your pet for treatment. Please list individuals authorized to allow treatment, sign treatment plans, and sign anesthesia consent forms on your behalf. For the safety of your pet, we will not allow anyone unauthorized by you to sign for treatment.

Authorized Individuals: _____

Are we authorized to post your pet's picture on our social media platform or web site? **YES** **NO**