



VILLAGE VETERINARY

Client Registration

➤➤➤ TODAY'S DATE: _____

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Mr., Mrs., Ms, Dr.	Last Name	First Name	Middle Initial

Local Street Address	City	State	Zip	Home Phone	Cell Phone
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Preferred Method of Contact: Cell Phone Home Phone Text Msg. Email
 (PLEASE CIRCLE ONE)

➤➤➤ DO YOU LIVE IN PALM BEACH OR MARTIN COUNTY? (PLEASE CIRCLE ONE)

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Seasonal Street Address (if applicable)	City	State	Zip
How long have you resided in Florida? _____			

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Seasonal Veterinarian (if applicable)	City	State	Zip	Office Phone	Fax Number
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E-mail Address (We would like your e-mail address to send you vaccine/exam reminders for your pets, to establish your personal Pet Portal, and for Village Vet correspondence, special events and veterinary promotions.)

May we use photos of your very special pet/pet's name in our social media campaigns? Absolutely! Please initial _____ Not at this time
 (Please circle one)

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Your Place of Employment	City	Work Phone Number
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Your Driver's License Number	State of Issue	Social Security Number
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Spouse/Co-Owner(s)	Relation	Home Phone	Cell Phone
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Spouse/Co-Owner's Place of Employment	City	Work Phone Number
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Spouse/Co-Owner's Driver's License Number	State of Issue	Social Security Number
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*We expect payment for our services at the time they are rendered, in cash, checks, all major credit cards, or Care Credit Payment Plan. If you anticipate difficulties with payment, please discuss this with us BEFORE your appointment. Balances over 30 days are subject to 18% interest. A fee of \$50 will be charged for any missed surgical appointment not canceled at least 24 hours in advance. Thank you for your understanding and cooperation. **Welcome to our family!***

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➤➤➤ Owner/Spouse/Co-Owner Signature ➤➤➤ DATE ➤➤➤ Whom May We Thank for Referring You to Us?



VILLAGE VETERINARY

Animal Registration

➤➤➤ TODAY'S DATE: _____

Animal Name: ➤ **First, Last**

Species (Dog, Cat, Rhinoceros)

Breed (Cocker Spaniel, DSH, Mexican Hairless)

Birth Date

Color

Sex

Spayed / Neutered

Date of Last Vaccines

Any Reactions?

Current Medications (Including Heartworm and Flea Preventatives)

Current Diet (Type, Amount, Frequency)

Patient History (Major Illness or Surgery)

Veterinarian that the pet last visited

Phone Number

Reason for Today's Visit

Name of Groomer

Name of Boarding Facility

Notes or Special Considerations