



West Geauga Veterinary Hospital Client Registration

Registration form fields: New Client, New Pet, Yearly Update, Date, Last Name, Middle Initial, First Name, Address, City, State, Zip, Phone (Cell), Phone (Home), Phone (Work), Preferred method of contact, E-Mail Address, Spouse Name, Spouse (Cell), Emergency Contact Name & Relation, Contact (Cell), Are you over the age of 60..., Do you have a valid Care Credit..., Do you have a valid driver's license..., Referred by, Method(s) of Payment.

Pet Information

Pet information form fields: Pet Name, Date of Birth (MM/DD/YY), Species, Breed, Color, Sex, Does your pet currently on any medications..., When and where were your pet's last vaccinations obtained?

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Symptoms/problems form fields: Please check any of the below symptoms/problems your pet is experiencing (if any): Behavioral, Depression, Breathing Difficulty, Diarrhea, Loss of Balance, Limping, Constipation, Vomiting, Coughing/Sneezing, Weakness, Change in Urination, Appetite Change, Ear Infection(s), Lumps/Bumps, Change in Thirst, Eye Infection(s), Bad Breath, Scratching, Hot Spot, Bleeding, Other: Is your pet: Indoors, Outdoors, Both. How many and what kind of other pets do you have at home (if any)?

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I have carefully read this release in its entirety, understand it, and sign it voluntarily. I attest that I am over 18 years of age, am legally competent and am not a minor in my state of residence. I hereby authorize the veterinarian(s) to examine, prescribe for, and/or treat the above described pet(s). I assume all financial responsibility in the care of the above animal(s). I also understand that these charges must be paid in full at the time of discharge. All unpaid balances will be subject to a 1.5% service charge per month and legal action. Should my check be returned I agree to pay the original amount in addition to a \$30.00 returned check fee.

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