

OCOTILLO ANIMAL CLINIC & PET RESORT

Client Registration Form

Owner Information:

Last Name: _____ First: _____ Spouse: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Owner DOB: _____

CELL PHONE _____ Ok to text Yes ☐ NO ☐

* For Dispensing Controlled Substances *

SPOUSE PHONE NUMBER _____

Please tell us how you heard about us:

☐ Sign/Drove By ☐ Phone Book ☐ Coupon ☐ Internet ☐ Facebook ☐ Other: _____

☐ Friend: _____

Pet Information:

	Pet #1		Pet #2		Pet #3	
Name						
Species	Canine	Feline	Canine	Feline	Canine	Feline
DOB	___/___/___		___/___/___		___/___/___	
Breed						
Color(s)						
Sex	Male Neutered	Female Spayed	Male Neutered	Female Spayed	Male Neutered	Female Spayed
Microchip #	Yes	No	Yes	No	Yes	No
Last Vaccines	___/___/___		___/___/___		___/___/___	
Medical Conditions						

May we contact your previous veterinarian to obtain medical records?

Name: _____ Phone #: _____

We Accept:

* CASH * DEBIT * VISA * MASTERCARD * DISCOVER * AMERICAN EXPRESS * CARE CREDIT *

WE DO NOT ACCEPT CHECKS OR OFFER PAYMENT PLANS

I authorize Ocotillo Animal Clinic to perform procedures necessary and advisable for my pet(s) health and wellbeing. **I accept responsibility for all fees incurred in the care of my pet at the time services are rendered.** In the event that it becomes necessary to refer my account to an outside collections agency, I am aware that all finance charges, collection costs, attorney fees, and other collection costs associated with that activity will be the responsibility of the pet owner.

Signature of Pet Owner or Responsible Party

Date

We love sharing pictures and videos of our patients with animal lovers everywhere! This includes displaying them on our website, Facebook, and any other promotional/educational material. If you do not wish for photos and/or videos of you and/or your pet to be displayed, please initial to decline. Decline: _____