



Client Registration Form

Client Information:

Date: _____
Owner: _____
Address: _____
City _____ State _____ Zip _____

Primary Contact Number: _____ Home Cell Work
_____ Home Cell Work
Email Address: _____

Co-owner/Emergency Contact: _____
Co-owner Home Number: _____ Cell: _____ Work: _____

Pet Information:

Name of Pet: _____ Canine Feline Other
Date of Birth: _____ Breed: _____
Color: _____
 Male Female Neutered Spayed

Name of most Recent Veterinarian Seen: _____
 I authorize the Back Bay Veterinary Clinic to obtain my pet's medical history from my previous veterinarian.

Please check off any of the following that you have noticed about your pet.

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Gagging | <input type="checkbox"/> Shaking Head |
| <input type="checkbox"/> Bleeding gums | <input type="checkbox"/> Lack of appetite | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Increased Thirst/Urination | <input type="checkbox"/> Limp |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Loss of balance | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scooting | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Ear Problems | <input type="checkbox"/> Scratching | <input type="checkbox"/> Other |
| <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Not acting like self | _____ |

Your Pet's Current Medication(s): _____

Your Pet's Current Diet: _____

I hereby authorize the veterinarian and Back Bay Veterinary Clinic to examine, prescribe for, or treat the above described pet. I will assume responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at completion of service or time of release and that a deposit may be required for surgical and/or in-hospital treatments.

Signature of Owner: _____ Date: _____

How did you find out about our clinic? Internet Yellow Pages Referral Other _____
Payment Options: American Express, Cash, Master Card and Visa only. Thank you.