ROSEMEADE VETERINARY CLINIC

<u>1930 Rosemeade Pkwy, #100, Carrollton, TX 75007; PH: 972-492-1091</u>

CLIENT REGISTRATION FORM

Please Check One:	☐ Current Client-New Pet
Owner:	
Last First	MI
Address: Street	City State Zip
Home Phone:	City State Zip
Cell Phone:	Work Phone:
Texas DL#:	E-Mail:
Spouse/Co-Owner:	
Last	First MI
Cell Phone:	Work Phone:
Texas DL#:	E-Mail:
Referred by:	
PATIENT INFORMATION	
PET NO. 1	PET NO. 2
Name:	Name:
DOB:	D O B:
Species: ☐ Cat ☐ Dog ☐ Other	Species: ☐ Cat ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Neutered/Spayed?	Neutered/Spayed?
Sex: ☐Male ☐Female	Sex: □Male □Female
Breed:	Breed:
Color:	Color:
Date of last vaccinations:	Date of last vaccinations:
Where:	Where:
Current Heartworm Meds:	Current Heartworm Meds:
Main Diet:	Main Diet:
Drug Allergies of special problems:	Drug Allergies of special problems:
Current Medications, if any:	Current Medications, if any:
Reason for your visit:	
I hereby authorize the veterinarian to examine, prescribe for	
for all charges incurred in the care of this animal. I also under	stand that these charges will be paid at the time of release
and that a deposit may be required for surgical treatment.	
Payment is accepted in the form of cash, credit card (Visa, MasterCard, American Express, Discover, Diners Club, and JCB), or personal check. A valid driver's license will be required. To avoid misunderstandings, we urge that all fees be discussed	
with the doctor BEFORE services are rendered.	avoid misuriderstandings, we dige that all rees be discussed
I have read and agree to the payment policy. I understand the	at payment in full will be due at the time the services are
performed or before my pet leaves the hospital.	
SIGNATURE:	DATE: