



**Trickum Ridge  
Animal Hospital**

# Client Registration Form

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse's Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

If necessary, can we call you at work?                      Yes                      No  
**(In case of an emergency, all contacts will be tried.)**

Previous Veterinarian \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have any other pets at home? Please tell us a little about them too.

Name	Breed	M/F	Age
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_____
_____
_____

**PAYMENT IS DUE AT TIME SERVICE RENDERED; NO BILLING.**

What form of payment do you prefer to use today? \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

In case I am unable to personally pick up my pet(s) after treatment and/or boarding, I hereby authorize Trickum Ridge Animal Hospital to release my pet(s) to the following person(s):

1) \_\_\_\_\_ 2) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_