

**Client Registration Form
Sunnyside Pet Hospital**

Today's Date: _____

Last name	First Name	Spouse's name
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Address: _____

Number	Street	City	Zip
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Cell Phone: _____ **Alternate Phone:** _____

E-Mail: _____

Referred By: _____ (If referred by a friend that's a current client please put their name so they can receive a \$10 referral credit)

Pet 1's name: _____ **Cat/Dog** **Sex:** Female/Male **Spayed/Neutered**

Breed: _____ **Color:** _____ **Age or DOB** _____

Pet 2's name: _____ **Cat/Dog** **Sex:** Female/Male **Spayed/Neutered**

Breed: _____ **Color:** _____ **Age or DOB:** _____

WE REQUIRE ALL PETS TO HAVE A CURRENT RABIES VACCINE, IF YOU ARE UNABLE TO PRESENT PROOF, RABIES is \$10 w/ Tag and Certificate

I AUTHORIZE THE RELEASE OF MY PETS RECORDS IF NECESSARY.

Yes [] NO [] INITIAL _____
eg. (referring to the ER, specialist, insurance, or another veterinary facility)

ALL CHARGES MUST BE PAID WHEN SERVICES RENDERED
We accept Cash, all major credit cards, Care Credit, Scratch Pay
WE DO NOT ACCEPT CHECKS

Owner's signature: _____