# Client / Patient Registration Form

| CLIENT INFORMATION | |
|---|---|
| Mr. / Mrs. / Miss / Dr.: | |
| Address: | City/State/Zip |
| Email: | Employer: |
| Home Phone: | Work Phone: |
| Cell Phone: | Other Phone: |
| If necessary, may we call you at work? ☐ YES ☐ NO | |
| Spouse/Other: | |
| Address: | City/State/Zip |
| Email: | Employer: |
| Home Phone: | Work Phone: |
| Cell Phone: | Other Phone: |
| If necessary, may we call you at work? ☐ YES ☐ NO | |

| PET INFORMATION | |
|---|---|
| Name: | Species ☐ Canine ☐ Feline |
| Breed: | Color: |
| Gender: ☐ Male ☐ Male–Neutered ☐ Female ☐ Female–Spayed | |
| Birthday: | Current Weight: |
| Primary Veterinarian and Hospital: | |
| | |
| How did you hear about us? | |

**PLEASE DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

| Date | Problem | Resolution |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

tel: 518-887-2260 fax: 518-887-2265 web: www.veterinaryspecialties.com email: info@veterinaryspecialties.com
1641 Route 5S, Pattersonville, NY 12137