



Client Registration: Please Print Clearly

Owner's Name: _____ **Spouse/Other:** _____

Address: _____ **City:** _____ **State** _____ **Zip:** _____

Home Phone: () _____ **Cell:** () _____

How did you **First Hear** about our practice? Website ___ Facebook ___ Yellow book ___ HTC book ___
Sign/Location ___ Humane Society ___ Friend Referral: _____ Please list name
so we can send a "Thank you gift".

Email Address: _____

Pet Health Information: 1st Pet

Pet's Name: _____ **Date of Birth or Age:** _____ **Color:** _____

Type of Animal: ___ Dog ___ Cat **Breed:** _____

Sex: ___ Male ___ Female **Spayed/Neutered** ___ Yes ___ No

Last Vaccines Given at _____ **Vaccines last given when?** _____

Current Medications(including heartworm prevention) _____

Allergies: _____ **Describe your pets diet:** _____

Pet Health Information: 2nd Pet

Pet's Name: _____ **Date of Birth or Age:** _____ **Color:** _____

Type of Animal: ___ Dog ___ Cat **Breed:** _____

Sex: ___ Male ___ Female **Spayed/Neutered** ___ Yes ___ No

Last Vaccines Given at _____ **Vaccines last given when?** _____

Current Medications(including heartworm prevention) _____

Allergies: _____ **Describe your pets diet:** _____

Authorization:

I grant Waccamaw Regional Veterinary Center permission to use my pets photo, history and information for social media purposes. I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of said animal(s). I understand that these charges must be paid in full at the time of release and that a deposit may be required for some treatment plans. Please don't hesitate to ask for a Health Care Plan (an estimate of cost). We would be happy to provide it to you prior to providing additional services.

Signature of Owner/Agent: _____ Date: _____