

New 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 Humane Society
 Referral: _____ **Please list name so we may send their Care to Share Credit!**

Email Address: _____ **include your email for our rewards program and special discounts, we do not sell or share your information.**

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) _____

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) _____

Authorization:

I grant Waccamaw Regional Veterinary Center permission to use my pet's 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:** _____