

CLIENT REGISTRATION FORM



1660 Euclid Avenue
Helena, Montana 59601
p. 406.449.3539
f. 406.442.0981

Advanced Internal Medicine & General Veterinary Care

Please Check One: New Client Current Client-New Pet Referral

Name _____ SS#: _____
Last First Mdl. Int.

Physical Address: _____
Street City, State, Zip Code

Mailing Address: _____
Street City, State, Zip Code

Home Phone #: _____ Cell # _____ Emergency #: _____

Employer _____ Work Phone _____

Spouse or Co-Owner's Name _____

Employer _____ Work Phone _____

How did you first hear of us? _____
(Person's Name, Yellow Pages, Sign, Newspaper, Other)

PET

Name: _____

Birth Date: _____ Color: _____

Species: Cat Dog Other _____

Breed: _____ Sex: _____

Neutered/Spayed: _____ Date: _____

Date Last Vaccination: _____

Last Rabies Vaccination: _____

Where Shots Obtained: _____

Any Long-Term Problems: _____

Current Medications, if any: _____



Reason for Visit: _____

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 this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner or Agent _____ Date _____

Method of Payment: Cash Check MC/VISA Discover Debit American Express