

**SAN LEANDRO
GOOD SAMARITAN VETERINARY HOSPITAL**

TODAY'S DATE _____

CLIENT REGISTRATION FORM

Please print or write legibly. Complete information is essential for required medical records.

Owner's Name					
	Last	First	Middle Initial	EMail	
Home Address				City	State
	Street			Zip	
Phone					
	Home			Business / Cell	
Occupation					
Employer's Name and Address					
	Street			City	State
Spouse's Name and Employer					
	First	Middle Initial	Employer		
	Employer's Address			City	State
Referred by whom?					
	<small>Example: Dr.'s Name, Friend's Name, Yellow Pages, drive past hospital, etc.</small>				

PATIENT INFORMATION

Dog	Cat	Name	Breed	Color or Markings	Date of Birth	Sex	Altered	Date of Last Vaccination
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DHLPP _____ <input type="checkbox"/> FVRCP _____ <input type="checkbox"/> Rabies _____ <input type="checkbox"/> FELV _____
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DHLPP _____ <input type="checkbox"/> FVRCP _____ <input type="checkbox"/> Rabies _____ <input type="checkbox"/> FeLV _____

METHOD OF PAYMENT

Due to the extremely high cost of accounting and billing fees, we do not extend credit. Payment is to be made at the time services are rendered. Please check the method(s) of payment you wish to use today and in the future.

<input type="checkbox"/> CASH	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CHARGE
<input type="checkbox"/> CHECK	Driver's License: State Issued In: _____ No. _____	

Your signature gives approval for whatever drugs, X-rays, surgery, etc., are needed in the course of the treatment of your pet. Signee assumes all financial responsibility for services rendered.

Signature of Owner _____
 Signature of person presenting this pet _____
 for treatment if other than owner: _____