



CLIENT REGISTRATION FORM

OWNER INFORMATION

FIRST NAME	LAST NAME	CO-OWNER
<input type="text"/>	<input type="text"/>	<input type="text"/>

STREET ADDRESS

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TELEPHONE NUMBER(S)	HOME CELL	E-MAIL ADDRESS
<input type="text"/>		<input type="text"/>
<input type="text"/>		Preferred contact Phone Email
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PATIENT INFORMATION

PET'S NAME	DATE OF BIRTH OR AGE	DOG <input type="checkbox"/> CAT <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	
BREED	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	SPAYED OR NEUTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/>		

DCA is a proud partner of Washington State University's Veterinary Teaching Hospital. We frequently mentor senior veterinary students to foster their education. Would you authorize a WSU veterinary student to be involved in the consultation process of your pet?

YES NO

REFERRAL INFORMATION

CLINIC/PRACTICE NAME	PRIMARY VETERINARIAN
<input type="text"/>	<input type="text"/>

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. The initial office visit is \$152. All diagnostic tests and necessary medications are in addition to the office visit fee; estimates will be provided at your request. **Payment methods:** cash, check, AMEX, Debit, Discover, CareCredit, MasterCard, and Visa.

SIGNATURE: