

Client Registration

Client Information			
Reason for Visit	<input type="checkbox"/> Boarding <input type="checkbox"/> Wet Paws		
Name			
Primary Phone		Email	
Address (city, state, ZIP)			
Employer		Phone	
Emergency Contact		Phone	
Significant Other		Phone	
How did you learn about our clinic? <input type="checkbox"/> Facebook <input type="checkbox"/> Internet Search <input type="checkbox"/> Newspaper <input type="checkbox"/> Road Sign <input type="checkbox"/> Website <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Recommendation <u>If recommended, by whom?</u> _____			

Pet Information						
Name			<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Other (specify)	
Breed		Color			DOB	
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed	<input type="checkbox"/> Undetermined	
Where did you get your pet? <input type="checkbox"/> Breeder <input type="checkbox"/> Humane Society <input type="checkbox"/> Pet Store <input type="checkbox"/> Rescue <input type="checkbox"/> Other: _____						
Are there any health or temperament concerns of which we should be aware?						
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Cage and/or Room Aggression	<input type="checkbox"/>	Chewer and/or Shredder	
<input type="checkbox"/>	Diabetic	<input type="checkbox"/>	Dog Aggression	<input type="checkbox"/>	Food Aggression	
<input type="checkbox"/>	Gender Aggression <input type="checkbox"/> Male? and/or <input type="checkbox"/> Female?	<input type="checkbox"/>	Item Possessiveness	<input type="checkbox"/>	Mobility Difficulties (non-slick tiles, walk with sling, etc.)	
<input type="checkbox"/>	Seizures Last Known Seizure: _____	<input type="checkbox"/>	Separation Anxiety	<input type="checkbox"/>	Storm Anxiety	
<input type="checkbox"/>	Other: _____					

Signature: **Date:** 3/7/2013