



# HOLT VETERINARY CLINIC

## Client Registration

**OUR MISSION** *is to serve the community by providing quality veterinary medical care.*

Thank you for giving us at the Holt Veterinary Clinic the opportunity to care for your pet. So that we may better serve your needs, please take the time to complete the following registration:

**Today's Date:** \_\_\_\_\_

**PET:** Name \_\_\_\_\_ **Dog** \_\_\_\_\_ **Cat** \_\_\_\_\_

How many dogs at home? \_\_\_\_\_ How many cats at home? \_\_\_\_\_

**OWNER:**(name & title: Dr., Mrs., Ms, Mr., Prof., Rabbi, Fr., Rev., Sr.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name First Name Middle Int.

**RESIDENCE:** (Please Circle: AVE., CIR., CT., DR., LN., PL., RD., ST., TER., WAY)

\_\_\_\_\_  
Address Lot # \_\_\_\_\_  
Apt.# \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City State Zip + 4

Home phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_

E-Mail address \_\_\_\_\_

If necessary, may we call you at work?  YES  NO

**EMPLOYER:**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City State Zip + 4

**Length of employment:** \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

Why did you choose the Holt Veterinary Clinic?

- Have been here before
- Know a staff member
- Location
- Bring another pet here

**SPOUSE:** (his/her name & title: Dr., Mrs., Ms, Mr., Prof., Rabbi, Fr., Rev., Sr.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name First Name Middle Int.

**RESIDENCE:** (If same as yours, write 'same')

\_\_\_\_\_  
Address Lot # \_\_\_\_\_  
Apt.# \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City State Zip + 4

Home phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_

E-Mail address \_\_\_\_\_

If necessary, may we call them at work?  YES  NO

**SPOUSE'S EMPLOYER:**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City State Zip + 4

**Length of employment:** \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

\* Whom may we thank? \_\_\_\_\_

Name and address of party responsible for your bill:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Address - house number and street City State Zip + 4

**So that we are able to suit your individual needs, please indicate which statements you feel most apply to you.**

**Check One**

1.  I feel that my pet is another member of our family.
2.  I feel that my pet is just a pet.

**Check One**

1.  I want the best medical care for my pet; please recommend anything that you feel is necessary for good health.
2.  I want good medical care for my pet, but there is a limit to what I am able to have done.
3.  I want you to perform only the services that I request.

**Check One**

1.  I want to learn as much as I can about pet health care. Please explain in detail what has been done for my pet or what is needed.
2.  I would prefer you just summarize what has been done for my pet or what is needed.
3.  I want my pet healthy, but I do not need to know what has been done.

**Check One**

1.  I prefer to be present when my pet is examined and treated.
2.  I would rather not see my pet examined and treated.

**All fees are due upon release of patient. Payment may be cash, check, money order or bank card (Master Card / Visa).**

Method of Payment:

CASH  CHECK   
BANKCARD  MONEY ORDER   
OTHER   
Please specify

PLEASE INITIAL \_\_\_\_\_

*If you would like to bring in a picture of your pet, we can scan it into your pet's file.*

*Thank You for your cooperation!*

ED: _____	AD: _____	Ty: _____	Code: _____
Change Address To: _____			
<b>OFFICE USE ONLY</b>			