

ERVC Client Registration Form

Date _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____

COUNTY where you reside _____

Email _____

Social Security # or Drivers License # _____

Employer _____

Spouse _____ Spouse Phone _____

Emergency Contact _____ Contact Phone _____

How did you first hear of us? _____

(Person's Name, Yellow Pages, Sign, Other)

My Pets

Pet's Name _____

Breed _____

Color _____ Sex _____

Spayed/Neutered _____

Date of Birth _____

Date last vaccination _____

Where _____

Pet's Name _____

Breed _____

Color _____ Sex _____

Spayed/Neutered _____

Date of Birth _____

Date last vaccination _____

Where _____

Authorization Agreement

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I am the legal owner/agent of this pet, and assume responsibility for all charges incurred in the care of this animal. I also understand that all charges must be paid at the time of release and that a deposit may be required for surgical or hospitalized patients. Estimates will be provided, but I understand these are estimates only and the final bill may be more or less than that stated. I understand that no treatment will occur without my full knowledge and consent except in emergency situations, or as otherwise stated.

Signature _____