FAIRVIEW
ANIMAL CLINIC
Where pets are people too

Owner Registration Form

Client Informartion:

First Name: _____ Last Name: _____

Co-Owner Full Name: _____

Address: _____ City, State: _____

Zip Code: _____ Email: _____

Main Number: _____ Alt. Number: _____

Co-Owner Number: _____ Alt. Number: _____

Driver's License State / Number: _____

Patient Information:

Pet Name: _____ Species: _____

Sex: M / F Spayed/Neutered: Y / N Color: _____

DOB/Approx. Age: _____ Breed: _____

Previous Vet Clinic: _____ Ph. #: _____

How did you hear about us? _____

May we post cute pictures of your pet on our social media? Y / N

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release and that the deposit may be inquired for surgical treatment.

Signature of Owner/Agent _____ Date: _____