

Horizon Veterinary Services

Client Registration Form

Name: _____ Spouse or Co-Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Employer: _____ is it Ok to call you at work? Yes No

Spouse Employer _____ is it Ok to call you at work? Yes No

How did you first hear of us? Friend we can thank? _____

Internet Site:

www.IVAS.org www.VETCITY.com www.horizonvetserv.com www.AHVMA.org

Yellow Pages: _____ Sign: _____ Other: _____

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Pet Info:

Name: _____ Species: _____ Birth Date: _____

Breed: _____ Sex (spayed or neutered?): _____

Description: _____

Date of Last Vaccination: _____

Any Medical Problems? _____

Current Medications? _____

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I hereby authorize the veterinarian to examine, prescribe for, or treat the above animal. 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 services.

Signature of Owner or Agent: _____ Date: _____