

CHERRY RIDGE VETERINARY CLINIC, PC CLIENT & PATIENT REGISTRATION FORM

Date: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

\*\*E-mail is for CRVC use only\*\*

Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Co-owner: \_\_\_\_\_  
Co-owner Phone: \_\_\_\_\_

**PATIENT INFORMATION:**

Pet's Name: \_\_\_\_\_  
Species (dog, cat, rabbit, etc.): \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color/Special Markings: \_\_\_\_\_  
Date of Birth/Approximate age: \_\_\_\_\_  
Sex: Male Neutered: \_\_\_\_\_ Male intact: \_\_\_\_\_  
Female Spayed: \_\_\_\_\_ Female intact: \_\_\_\_\_

**Vaccination Status:**

\_\_\_\_ Provide copy of current or past due vaccinations  
\_\_\_\_ No previous vaccinations

Are there any other pets in the house? \_\_\_\_\_  
Describe any known allergies: \_\_\_\_\_  
Describe any known medical issues: \_\_\_\_\_  
Current Medications (includes supplements, heartworm prevention, flea/tick prevention): \_\_\_\_\_

**ALL FEES ARE DUE AT TIME SERVICES ARE RENDERED.**

**TREATMENT CONSENT:** I hereby authorize the veterinarian to examine, prescribe for or treat the described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due **IN FULL** at time of services. Options for payment, cash, personal check, Mastercard, Visa, Discover, Debit cards, or Care credit. I recognize that financial concerns should be discussed **PRIOR** to exam and treatment. Our staff is happy to provide treatment plans including estimated costs.

Signature of Owner/Agent: \_\_\_\_\_

Print Name: \_\_\_\_\_

**How would you prefer to receive exam and vaccine reminders?**

\_\_\_\_ Postcard \_\_\_\_ E-mail \_\_\_\_ Text Message \_\_\_\_ Phone Call

**How did you find out about our practice? (Check any that apply. If you were referred by a current client, tell us who so we can thank them!)**

\_\_\_\_ Referred by: \_\_\_\_\_  
\_\_\_\_ Google/Internet Search \_\_\_\_ Facebook  
\_\_\_\_ Location/Sign \_\_\_\_ Internet Review Site (Yelp, Google)  
Other: \_\_\_\_\_

**PHOTO CONSENT:** Do we have permission to share your pets image and story on social media, our website and other forms of related media? Your name and personal information will never be shared. Simply check below to authorize this:

\_\_\_\_ Yes. I authorize CRVC to share my pet's photo and story.  
\_\_\_\_ No. I do not authorize this.

**Which Social Media Platforms do you use? (check any that apply)**

\_\_\_\_ Facebook \_\_\_\_ Twitter \_\_\_\_ Pinterest \_\_\_\_ Instagram  
\_\_\_\_ LinkedIn \_\_\_\_ Google Plus \_\_\_\_ Snapchat