

# HOPE ANIMAL CLINIC

## CLIENT REGISTRATION

Chart No.: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

New \_\_\_ Update \_\_\_

Date: \_\_\_\_\_

How did you become aware of our clinic?    Current Client \_\_\_\_\_    Sign/Drove by \_\_\_\_\_

Owner's Name:		Spouse's Name (if applicable):	
Street Address:			
City:	State:	Zip Code:	
Home Phone:		Work Phone:	
Cell Phone 1:		Cell Phone 2 (if applicable):	
Preference for receiving reminders: Text _____ Email _____			
Email Address:			
**Place of Employment:			
**Driver's License Number:		Your Date of Birth:	
**Social Security Number:			
Name/Phone number of nearest relative:			

- \*\* We are a medical facility & require driver's license for certain prescriptions.
- \*\* Please allow us to make a copy of your driver's license.
- \*\* All client information is kept strictly confidential and is only released with your Authorization. Thank you for your cooperation.

### PLEASE LIST YOUR PETS:

Name	Dog/Cat/Other	Age	M/F
1. _____			
2. _____			
3. _____			
4. _____			

\*If you have additional pets, please list them on the back of this page.