

## New Client Registration

Owner \_\_\_\_\_  
Co-Owner \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Owner Phone# \_\_\_\_\_ Alt. Phone# \_\_\_\_\_  
Co-Owner Phone# \_\_\_\_\_ Alt. Phone# \_\_\_\_\_  
E-mail \_\_\_\_\_  
Owner Date of Birth (nec. for dispensing of medications) \_\_\_\_\_

**All fees are due at the time services provided.**

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Color			
Birthdate/Age			
Sex			
Spay/Neuter			
Vaccines Due?			

\*In admitting my pet for diagnostics, treatment or surgery, I authorize the veterinarians of Folsom Veterinary Hospital and their assistants, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

\*It is understood that an estimate of charges will be given for these services, but that no guarantee or assurance has been made as to the results that may be obtained.

\*Further, I assume full financial responsibility for all charges incurred by my pet and realize that these charges may exceed a given estimate if complications arise.

Signature \_\_\_\_\_ Date \_\_\_\_\_