

# CLIENT REGISTRATION FORM

**Integrative Veterinary Center**

Thank you for giving us the opportunity to care for your pets!  
Please complete the following:

5524 Elvas Avenue  
Sacramento, CA 95819  
TEL (916) 454-1825  
FAX (916) 454-5865

## CLIENT INFORMATION

\_\_\_\_\_  
**Client Name**

\_\_\_\_\_  
**Spouse's Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Cell Phone**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**Work Phone**

\_\_\_\_\_  
**Place of Employment**

## HOW DID YOU BECOME AWARE OF OUR CLINIC?

Drove By  Yellow Pages  Yelp.com  Facebook  Yahoo  Google  Bing

Previous Client  Referral: \_\_\_\_\_

Personal Recommendation: \_\_\_\_\_

## Patient Information

**Pet #1**

**Pet #2**

**Pet #3**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**Sex: Male/Female Spay/Neuter** \_\_\_\_\_

**Sex: Male/Female Spay/Neuter** \_\_\_\_\_

**Sex: Male/Female Spay/Neuter** \_\_\_\_\_

**Your Pet(s) past Veterinarian information:**

**Hospital Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

By signing below I authorize the veterinarians of the Integrative Veterinary Center and their assistants to administer such treatment and or perform such diagnostic procedures as agreed upon and to pay my balance in full at the time of services rendered. And it is understood that no guarantee or assurance has been made as to the results that may be obtained. I assume full financial responsibility for all charges incurred by my pet(s).

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**