Chalet Veterinary Clinic
Client Registration Form

Client's Name _____ Phone ( )_____
Last First Cell ( ) _____

Address_____
Driver's License or
Social Security # _____ e-mail _____

Employer _____ Wk Phone( ) _____

Spouse/
Partner _____ Phone ( ) _____
Last First Cell ( ) _____
Driver's License or
Social Security # _____ e-mail _____

Employer _____ Wk Phone ( ) _____

Patient Information

	Pet 1	***Pet 2***	***Pet 3***	***Pet 4***
Pet's Name				
Species				
Breed				
Description/Color				
Date of Birth				
Sex				
Spayed/Neutered				
Last Vaccinated?				

How did you hear about our clinic? _____

Would you prefer e-mail reminders? _____

I assume full responsibility for all fees incurred in the care of my pet(s). I also understand that these fees will be payable at the time services are rendered and that a deposit may be required for the veterinary care of my pet(s). Chalet Veterinary Clinic accepts VISA, MASTERCARD, DISCOVER and CARE CREDIT cards as well as cash or checks as forms of payment.

_____ _____
Client Signature Date