

# Client Registration Form

Springlake Animal Hospital  
7400 State Rd 21, Keystone Heights, FL

Phone: 352-473-8222  
Fax: 352-473-2205

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Name \_\_\_\_\_  
Last First MI

Mailing Address \_\_\_\_\_  
Street/PO Box City/State/Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Number \_\_\_\_\_

Driver License # \_\_\_\_\_ Expiration \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Spouse/Co-owner \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

Person's Name, Phone book, Internet, Sign, Newspaper, Other

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## Pet No. 1

Name \_\_\_\_\_

Birthdate/Age \_\_\_\_\_

Species Cat • Dog • Other \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_

Neutered (y/n) \_\_\_\_\_ Date \_\_\_\_\_

Date last vaccination \_\_\_\_\_

Date Last Rabies Vax \_\_\_\_\_

Where shots obtained \_\_\_\_\_

Long term health issues (list below)

\_\_\_\_\_  
\_\_\_\_\_

Current meds \_\_\_\_\_

\_\_\_\_\_

Reason for visit? \_\_\_\_\_

\_\_\_\_\_

List names of other pets/species you own \_\_\_\_\_

\_\_\_\_\_

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## Pet No. 2

Name \_\_\_\_\_

Birthdate/Age \_\_\_\_\_

Species Cat • Dog • Other \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_

Neutered (y/n) \_\_\_\_\_ Date \_\_\_\_\_

Date last vaccination \_\_\_\_\_

Date Last Rabies Vax \_\_\_\_\_

Where shots obtained \_\_\_\_\_

Long term health issues (list below)

\_\_\_\_\_  
\_\_\_\_\_

Current meds \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner or Agent \_\_\_\_\_ Date \_\_\_\_\_