

# Owner and Patient Registration Form-Fruit Valley Veterinary Clinic

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

Owner's: (Mr.) (Mrs.) (Ms.) \_\_\_\_\_  
Name (Miss) (Dr) Last First MI

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
Do you grant us permission to contact you and send you reminders by email? Yes [ ] No [ ]  
If we receive a call regarding a lost pet of yours, do you allow us to give out contact info? Yes [ ] No [ ]  
Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_  
Name Street City State Zip

Drivers License #: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

Co-Owner/: (Mr.) (Mrs.) (Ms.) \_\_\_\_\_  
Spouse (Miss) Dr Last First MI

Occupation: \_\_\_\_\_ WorkPhone: \_\_\_\_\_

Employer: \_\_\_\_\_  
Name Street City State Zip

## List of Pets:

1) \_\_\_\_\_ Male ( ) Female ( )  
Name Species Altered ( ) Approx. weight \_\_\_\_\_  
D.O.B \_\_\_/\_\_\_/\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Microchipped? Y/N

2) \_\_\_\_\_ Male ( ) Female ( )  
Name Species Altered ( ) Approx. weight \_\_\_\_\_  
D.O.B \_\_\_/\_\_\_/\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Microchipped? Y/N

3) \_\_\_\_\_ Breed \_\_\_\_\_ Male ( ) Female ( )  
Name Species Altered ( ) Approx. weight \_\_\_\_\_  
D.O.B \_\_\_/\_\_\_/\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Microchipped? Y/N

4) \_\_\_\_\_ Male ( ) Female ( )  
Name Species Altered ( ) Approx. weight \_\_\_\_\_  
D.O.B \_\_\_/\_\_\_/\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Microchipped? Y/N