

Client Registration

La Crescent Animal Care

“Your Other Family Doctor”

Welcome to La Crescent Animal Care. We are pleased that you have chosen us to assist you with your pet’s healthcare.

Please provide the following information below for our records.

Your information

First name:

Last name:

Spouse:

Address 1:

Address 2:

City:

State:

Zip Code:

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email:

How did you hear about us?

If referred, by whom? _____

(Referrals will be given a \$5.00 credit to their account at La Crescent Animal Care)

Your Pet’s Information:

Name:

Species: Canine Feline Other _____

Gender: Male Female Male Neutered Female Spayed

Birthdate:

Breed:

Color:

Name:

Species: Canine Feline Other _____

Gender: Male Female Male Neutered Female Spayed

Birthdate:

Breed:

Color:

Name:

Species: Canine Feline Other _____

Gender: Male Female Male Neutered Female Spayed

Birthdate:

Breed:

Color:

Has your pet ever been to another veterinary clinic? Yes or No

May we get records? Yes or No

If so, what is the name of the clinic? _____

What foods are you currently feeding your pet?

I realize that I am responsible for payment in full at the time of services rendered. In the case of nonpayment, I will be required to pay a finance charge of 1.5% per month (18% per annum) and pay any collection and attorney fees.

Signed: _____ Date: _____