

NEW CLIENT REGISTRATION FORM

**VETERINARY SPECIALISTS OF CT.
993 NORTH MAIN STREET
WEST HARTFORD, CT 06117
(860) 236-3273; Fax (860) 236-7781**

So that we may become better acquainted, please complete the following:

OWNER: _____ SPOUSE/CO-OWNER: _____

SS#: _____ DOB: _____ SS#: _____ DOB: _____

ADDRESS: _____ ADDRESS: _____

City/Zip _____ City/Zip _____

HOME PHONE: _____ HOME PHONE: _____

WORK PHONE: _____ WORK PHONE: _____

e-mail: _____ e-mail: _____

REFERRED BY: _____

	PET 1	PET 2	PET 3
Pet's Name			
Species			
Breed			
D.O.B./Age			
Color			
Sex			
Neutered/Spayed			
PLEASE LIST DATES			
Distemper			
Rabies			
Bordetella			
Lyme			
Corona			
Feline Leukemia			
Feleuk Test			
Heartworm Test			
Any chronic issues?			
On any medication?			
On special diet?			

To prevent the spread of infectious disease and parasites, hospitalized animals must be current on all vaccines and free of internal and external parasites. I authorize the doctor(s) to provide vaccines and parasite control as needed for my pet(s).

All fees are due at the time services are rendered. We will gladly prepare a written estimate if you desire.

I understand that I assume financial responsibility for all services rendered plus any finance and collection costs incurred, including attorney's fees.

SIGNATURE: _____ DATE: _____