

# ALL PETS CLINIC

Suzanne T. Billiar, DVM, PA

## Client Registration Form

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

Owner's Name: \_\_\_\_\_  
Main Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Guardian or Spouse: \_\_\_\_\_  
Main Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**E-mail is our main form of communication. Please provide us with an E-mail that you check regularly**

E-mail: \_\_\_\_\_ I do not have/use E-mail

**1<sup>st</sup>Pet's Information**

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ and/or Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Species: Canine:  Feline:  Avian:  Rabbit:  Ferret:  Reptile:  Pocket Pet:  Primate:  Other:  \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: Male:  or Female:  Spayed/Neutered:   
Color: \_\_\_\_\_

**2<sup>nd</sup>Pet's Information**

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ and/or Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Species: Canine:  Feline:  Avian:  Rabbit:  Ferret:  Reptile:  Pocket Pet:  Primate:  Other:  \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: Male:  or Female:  Spayed/Neutered:   
Color: \_\_\_\_\_

\*\*\*\*Release Form\*\*\*\*

**Please Read and Sign**

I hereby consent not to receive prescription medication in child resistant containers. I hereby consent and authorize, *Dr. Suzanne T. Billiar/All Pets Clinic* to receive, prescribe for, treat or operate upon the pet/animal described above.

I hereby consent to photographic images and reproduction of images and video to be used within and/or outside *All Pets Clinic*.

*Dr. Suzanne T. Billiar/All Pets Clinic* is to use all reasonable precautions against injury, escape, or death of the pet/animal, but will not be held liable or responsible in any manner whatsoever, or otherwise in connection therewith, as it is thoroughly understood that I assume all risk.

Written notice will be mailed to the address above to remove the pet/animal, if abandoned by the owner or person representing the owner. Five days after such written notice, the pet/animal will be considered abandoned and become property of *All Pets Clinic*. This relieves me/the owner from paying all costs of *Suzanne T. Billiar/All Pets Clinic's* Services and the use of *All Pets Clinic*, including the cost of hospitalization.

For health reasons, if your pet is found to have fleas while in for grooming, boarding, or any procedure that requires them to stay in the hospital, they will be administered a Capstar® (fast acting flea pill) at a \$7.50 charge to the owner.

Federal law prohibits the dispensing of certain medications including vaccinations without an examination or prescription.

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