



# New Client Registration Form

Welcome to our clinic! Please take the time to fill in this form completely.

Owner's Name \_\_\_\_\_

Name of Spouse/Additional Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security: \_\_\_\_\_ Driver's License: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Preferred: HOME/CELL/WORK/EMAIL

Email Address: \_\_\_\_\_ Spouse/Additional Owner Phone: \_\_\_\_\_

Would you like to receive occasional Avian and Exotic Pet Newsletters by email? YES/NO

How did you find out about our practice? (Check all that apply)

Referred by: \_\_\_\_\_  Google/Internet Search  Facebook  Other: \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species/Breed: \_\_\_\_\_

Colors/Markings: \_\_\_\_\_ Birthdate/ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered/Spayed? YES / NO / Unknown

Pet's Name \_\_\_\_\_ Species/Breed: \_\_\_\_\_

Colors/Markings: \_\_\_\_\_ Birthdate/ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered/Spayed? YES / NO / Unknown

Pet's Name \_\_\_\_\_ Species/Breed: \_\_\_\_\_

Colors/Markings: \_\_\_\_\_ Birthdate/ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered/Spayed? YES / NO / Unknown

1) **Photo Consent:** We love social media! Do we have your permission to share stories and images of your pet(s) on social media, our website and other forms of related media? Your name and personal information will never be shared.

Yes, I authorize AEAC to share my pet's photo and story.  No, I do not authorize this.

2) **Treatment Consent:** I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). I am at least 18 years old, am the owner or authorized agent of this pet, and assume responsibility for all charges incurred in the care of this animal. I understand that payment is DUE IN FULL at the time of service. If this account becomes delinquent, I understand that it may be turned over to a collections agency, and I am therefore responsible for all service charges, court costs, and collection fees.

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