

**Client Registration Form**  
We welcome you as a new client to  
*Tarpon Woods Veterinary Medical Center*  
*Outstanding Veterinary Care for Your Loved One*  
Visit our Website at [www.tarponwoodsvet.com](http://www.tarponwoodsvet.com)

---

**Owner Information:**

New Client \_\_\_\_\_ Previous Client \_\_\_\_\_ When? \_\_\_\_\_

Owner Name: \_\_\_\_\_

Spouse or Co Owner: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Driver's License # \_\_\_\_\_

How were you referred to us: \_\_\_\_\_

---

Owner Employer: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

---

**Pet Information:**

Name	Date of Birth (Approximate age)	Breed	Color	Sex	Neutered/Spayed
A. _____	_____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____	_____

Current Medications: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

Pet Insurance Information: \_\_\_\_\_

Microchip or Tattoo Number: \_\_\_\_\_

---

I authorize the veterinarian to examine, prescribe for and treat any of my pets on file with Tarpon Woods Veterinary Medical Center. I assume financial responsibility for all charges incurred in the care of these animals. I also understand that these charges are due and will be paid at the time services are rendered and that a deposit may be required for emergency or surgical treatment.  
There will be a monthly 1.5% finance and \$2.00 posting charge applied to all accounts that are left unpaid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_