

# 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)

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## 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 \_\_\_\_\_

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

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

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

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

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## Pet Information:

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

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

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

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

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

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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: \_\_\_\_\_