



Client # _____

Evergreen Animal Clinic
3389 Orcutt Rd., Suite 101, Santa Maria, CA 93455
805.937.6341 Fax 805.937.6571
www.evergreenanimalclinic.com

CLIENT REGISTRATION

CLIENT INFORMATION:

Date: _____/_____/_____

Name: _____ Date of Birth: _____/_____/_____

FIRST LAST

Address: _____ City: _____ State: _____ Zip: _____

APT #

Home #: _____ Cell #: _____ Best time to call: _____

Your Employer: _____

NAME CITY, ZIP PHONE

Driver License # : _____ Email: _____

(if you will pay by check)

SECONDARY PERSON ON ACCOUNT:

Name: _____ Date of Birth: _____/_____/_____

FIRST LAST

Relationship to Primary Client: _____

Cell Phone: _____ Spouse's/Partner's Employer: _____

PET INFORMATION*:

1. Name: _____ Male / Female Spayed/Neutered Age or Birthdate: _____

(Circle one)

Species: Dog / Cat / Other _____ Breed: _____ Color: _____

(Circle one)

2. Name: _____ Male / Female Spayed/Neutered Age or Birthdate: _____

(Circle one)

Species: Dog / Cat / Other _____ Breed: _____ Color: _____

(Circle one)

3. Name: _____ Male / Female Spayed/Neutered Age or Birthdate: _____

(Circle one)

Species: Dog / Cat / Other _____ Breed: _____ Color: _____

(Circle one)

* Please provide your vaccination records for each pet

CONTACT PREFERENCES:

Preferred method of contact: Phone _____ Work / Cell / Home _____

(Circle one)

May we call you at work for: Emergency Only Recall/Reminders Anytime I am not reached at home

How did you hear about us? _____

We are very conscious of your right to privacy regarding the information you provide for us. We will not share your information with third party vendors.

By signing below, I understand that payment is expected when services are rendered. In the event that my pet is hospitalized with ongoing treatment, I will be presented with an estimate for cost of treatment. A deposit may be required at that time.

Signature: _____ Date: _____