

Client Registration Form  
Larned Veterinary Clinic, PA

Name \_\_\_\_\_.  
Last First Middle In.

Address \_\_\_\_\_.  
\_\_\_\_\_  
City, State Zip Code

Phone \_\_\_\_\_ . Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Spouse or Co-Owner's Name \_\_\_\_\_.

Have you ever been a owner/co-owner on an account at LVC before? \_\_\_\_\_

If yes, name on account: \_\_\_\_\_

Pet 1 name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Pet 2 name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Pet 3 name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the Above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Signature of Owner or agent \_\_\_\_\_.