

Complete Animal Eyecare Center

Registration

Please provide us with the following information so that we may provide you and your pet with the finest service possible

| | |
|---|-------------------------------------|
| Your Name _____ | Spouse _____ |
| Mr. Mrs. Ms. Dr. Last | First |
| Address _____ | |
| City _____ | State _____ Zip _____ |
| Home Phone () _____ - _____ | Work Phone () _____ - _____ |
| Cell Phone () _____ - _____ | |
| How do you most prefer to be contacted ? | |
| Employer _____ | Occupation _____ |
| Work Address _____ | |
| City _____ | State _____ Zip _____ |
| Preferred Payment Method ? <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover | |
| Drivers License Number _____ | Birthdate _____ |
| If we are unable to reach you, who may we contact in case of emergency ? | |
| Name _____ | Phone () _____ - _____ |
| Do you authorize this person to make urgent treatment decisions if you are unreachable ? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

How did you hear about us ? (Please mark all that apply)

| | | | |
|--|---|---|--|
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Television | <input type="checkbox"/> Vaccine clinic | <input type="checkbox"/> Newspaper Article |
| <input type="checkbox"/> Magazine (which one?) _____ | <input type="checkbox"/> Friend (Who?) _____ | | |
| <input type="checkbox"/> Veterinarian (Who?) _____ | <input type="checkbox"/> Pet Store (Who?) _____ | | |
| <input type="checkbox"/> Saw Sign | <input type="checkbox"/> Other _____ | | |

I hereby authorize the Complete Animal Eyecare Center to render surgical and medical care for my pet(s) as deemed necessary by the veterinarian, per owner's permission. I understand that payment is required In full before surgery, treatments, or diagnostics can be initiated.

Signature _____ **Date** _____

| | Pet #1 | Pet #2 | Pet #3 | Pet #4 |
|-----------------|---------------|---------------|---------------|---------------|
| Name | | | | |
| Species | | | | |
| Breed | | | | |
| Sex | M F | M F | M F | M F |
| Date of Birth | | | | |
| Neutered/Spayed | Y N | Y N | Y N | Y N |
| Color | | | | |
| Vaccines Due | | | | |

Does your pet have any special conditions or needs of which we should be aware of? Yes No

If so please explain _____

Does your pet have any special behavioral attributes which we should be aware of? Yes No

If so please explain _____