

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 _____