

Rogers Animal Hospital

3170 Davie Boulevard
Fort Lauderdale, FL 33312
954-584-5585

CLIENT REGISTRATION FORM

Owner's name _____
Address _____
City _____ Zip code _____
Home phone _____ Work phone _____ Cellular _____
E-mail address _____
Employer _____
Address _____
City _____ Zip code _____
Are you 18 years of age or older? _____

Pet's Name(s) _____ Breed _____
Color _____ Age _____ Sex _____
Is your pet spayed? _____ Or neutered? _____

CANINE	DATE	FELINE	DATE
Distemper	_____	Distemper/Rhino	_____
Parvo	_____	Leukemia	_____
Rabies	_____	Rabies	_____
Fecal	_____	Fecal	_____
Bordetella	_____	FIV/Leukemia test	_____
Heartworm test	_____		
Type of prevention	_____		

Previous Hospital _____ Doctor's Name _____

Preferred payment:
Check _____ Cash _____ M/C _____ Amex _____ Visa _____ Discover _____

Driver's License number _____
Social security number _____

AUTHORIZATION:

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Should this account not be paid, I will be responsible for all collection and/or attorney fees necessary to collect.

*Signature of client responsible for pet(s) _____ Date _____