



SANTA CRUZ VETERINARY CLINIC  
5408 South 12<sup>th</sup> Avenue  
Tucson, AZ 85706  
520-889-9643  
[www.santacruzpet.com](http://www.santacruzpet.com)  
Fax: 520-889-9023

## CLIENT REGISTRATION FORM

### 1) *Owner Information*

First Name:		Last Name:	
Home Address:			
City:		State:	Zip Code:
Mailing Address:			
City:		State:	Zip Code:
Home #: ____-____-____	Cell #: ____-____-____	Work #: ____-____-____	
Preferred Number to Contact You:			

### 2) *Emergency Contact: (If owner cannot be reached)*

First Name:		Last Name:	
Home #: ____-____-____	Cell #: ____-____-____	Work #: ____-____-____	

Please list family members or others authorized to release medical information to:

\_\_\_\_\_

\_\_\_\_\_

### 3) *Pet's Information*

Pet's Name:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No
Breed:	Birthdate: ____/____/____		Age: ____
Primary Color:	Secondary Color:		
Microchip/Tattoo: <input type="checkbox"/> Yes # _____ <input type="checkbox"/> No			
Last Rabies Vaccine: ____/____/____ <input type="checkbox"/> None or Too young for Rabies			
How long have you owned your pet?			
Where did you get your pet?			
Reason for your visit today?			

4) *How did you hear about us?:*  Friend  Online: \_\_\_\_\_  Other: \_\_\_\_\_

*I am the owner and/or designated person to authorize for medical care for the above described pet. I hereby authorize Santa Cruz Veterinary Clinic to examine, prescribe for, or treat the above described pet. I assume all responsibility for charges acquired in the care of this animal. I also understand that these charges will be paid at time of release and deposit may be required.*

Signature \_\_\_\_\_ Date \_\_\_\_\_