



NEW CLIENT REGISTRATION

16152 Highway 9
PO Box 5104
Breckenridge, CO 80424
Office (970) 455-7587
Fax (888) 785-8989
www.farmerskornervet.com

Client Information

First Name _____ Last Name _____

Mailing Address _____ City _____ St _____, Zip _____

Home Phone _____ Cell Phone _____ Other _____

Email Address _____ (for our use only)

Additional Contact

First Name _____ Last Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Other _____

How did you become aware of our clinic? Drove by Website Facebook Page Internet Search
 Personal referral (whom may we thank?) _____

Pet Information

1. Name _____ Age/Birthdate _____

Canine Feline Male Female Spayed/Neutered? YES NO

Breed _____ Color _____

2. Name _____ Age/Birthdate _____

Canine Feline Male Female Spayed/Neutered? YES NO

Breed _____ Color _____

Veterinary hospital with current medical records: _____

Phone number and/or location: _____

Would you like us to call for medical records? YES NO

Would you like us to send the records of your pet's visit here to another veterinarian? YES NO
If yes, please provide name of Veterinary Hospital and phone number: _____

I permit and authorize Farmers Korner Veterinary Hospital and its employees, agents, and personnel who are acting on behalf of the hospital to use my pet's photograph and first name for purposes related to the business of the hospital, including publicity, marketing, and promotion of the hospital and its various websites YES NO Initials _____

We accept Cash, Visa, MasterCard, Discover, personal checks (with valid driver license #), and Care Credit. Professional fees are to be paid at the time services are rendered. We will gladly prepare a written estimate upon request, simply ask a hospital team member. Please speak with a team member if you have financial concerns.

I am responsible for the above pet(s) and agree to pay in full the total charges for services rendered at the time of discharge, and any fees incurred for collection of said charges.

OWNER'S Signature: _____ Today's Date: _____

Signature of Non-Owner presenting pet _____ Print Name _____