

MONROE COUNTY HUMANE ASSOCIATION NONPROFIT VETERINARY CLINIC & OUTREACH CENTER

NEW CLIENT REGISTRATION FORM

Please, one form per pet.

Today's Date _____ Appointment @ _____ or Walk-in @ _____

Guardian/Owner Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email address _____

How did you hear about this clinic? _____

Pet Name _____ Age _____ DOG CAT

Breed(s) _____ MALE FEMALE

Spayed/Neutered/Fixed? YES / NO *If No, Are you interested in an assistance voucher? YES / NO*

Color(s) _____ How long have you had this pet? _____

Is it possible that your pet may be pregnant? YES NO

Where does your pet stay? INSIDE OUTSIDE BOTH

Has your pet seen a Veterinarian before? YES / NO *If yes, Where?* _____

Weight: _____ Date of last vaccines: _____

Has your pet ever had a reaction to vaccines, injections, or medications? YES / NO / UNKNOWN

What does your pet need today? Circle one: Sick/Injured or Wellness/Vaccinations

_____ Pets must be in good health to receive vaccinations; Pets with health concerns may not be vaccinated and should be seen by a full service veterinary clinic. There are a small percentage of pets that will have an allergic reaction to vaccinations. Please advise the veterinarian if your pet has had a previous allergic reaction to vaccines. Symptoms of a reaction may include facial swelling, swollen ears, muzzle or eyelids and/or rubbing of the face. I understand that services rendered at the low-cost minor medical clinic are meant to treat minor illnesses. I understand that vaccinations may cause adverse reactions in some animals. I hereby release Monroe County Humane Association, the veterinarians, veterinary assistants, and all of its officers, directors, employees, and members of its staff and volunteers from any and all claims arising out of, or connected with, giving these vaccinations, injections or clinic services, or care.

I am prepared to pay \$_____ today towards the care and medication for my pet.

Client Signature _____

Date _____

Proof of Income/Assistance Source: _____