



VILLAGE VETERINARY

10490 Howard Street | Mendocino, CA 95460
(707) 937-0300 | villageveterinary@mcn.org

CLIENT REGISTRATION

CLIENT NAME _____,
Last First / Spouse

MAILING ADDRESS _____,
P.O. Box/Street Apt # City Zip

PHONE _____,
Home Cell

PHONE _____,
Work Other

EMAIL _____

Periodically, we may contact you to provide reminders, or other communications that may be relevant to your pet's healthcare. How would you like to receive these notifications?

Email Postcard

PET INFORMATION

PET NAME _____ DOB/AGE _____

Please circle: DOG CAT OTHER _____ sex M / F spay/neutered? Y or N

PET NAME _____ DOB/AGE _____

Please circle: DOG CAT OTHER _____ sex M / F spay/neutered? Y or N

AGREEMENT

As the owner/agent of the animal(s) described, I declare that I am over 18 years old and have the authority to exercise rights as the owner/agent of pet(s) brought in to Village Veterinary for treatment. I hereby agree that Village Veterinary and its doctors and representatives may receive records, prescribe, treat, and/or perform medical care upon my pet(s). I assume all responsibility of home after-care and medications upon discharge. I also understand that I am responsible for any/all charges incurred during examination/treatment, and that payment must be made in full at the time of service.

I have read and agree to the above terms, and acknowledge that this is a binding agreement.

Signature _____ Print Name _____ Date _____