

CLIENT REGISTRATION

TERINARY MEDICAL AND SUI		ENT # / AVIMARK PATI	ENT #
Please provide us with t	the following information so that	we may provide you and your pet with the fir	est service possible
How did you learn at	bout VMSG? □ Primary Care	Veterinarian □ Google □Yelp □ Frien	d 🗆 Other
Your Name		Spouse / Partner Last	
		Apt #	
City		State Zip Co	de
Home Phone	Mobile Phone	Spouse Phone	2
Fax	Work Phone	Email	
Date of Birth			
If we are unable to re	each you, who may we contac	t in case of emergency?	
Name	Phone		
Name		Phone	
Pet Name	Species	☐ Canine ☐ Feline Breed	
		Sex □ Male □ Female Spayed/Neutered □ Yes □ No	
			e
By listing your primary hospital or veterinarian		e authorizing VMSG to release patient infor	mation to the primary care
If you do not want us	s to take or use photos of your	pet, please check here	
my pet(s) as deemed no and take it as my respo supplies and medicatio cost of all services to w	ecessary by the veterinarian. I use insibility to comprehend any risk ons necessary, knowing that in so which I consent to by written or which I consent to be writte	Medical and Surgical Group (VMSG-OC) to inderstand that no guarantee can be given to its involved. I authorize VMSG to render the ime cases certain drugs may be used off-labor erbal estimate. I understand that a deposit it is ment in full is required prior to discharge of	the outcome of treatments care and provide the el. I agree to pay for the s required before
Signature		Date	