



Clover Veterinary Hospital
 20920 108th Ave SE
 Kent, WA 98031

REGISTRATION FORM

CLIENT INFORMATION

Owner Name (Last, First) _____

Email Address (to be notified of reminders) _____

Co-Owner Name (Last, First) _____

Primary Phone Number _____

Mailing Address _____

Secondary or Co-Owner Phone Number _____

City _____ State _____ Zip code _____

Driver's License # (To be filled in by Reception) _____

Please tell us how you heard about our clinic (circle below):

Google/Online Search Facebook Yelp Driving By Valpak Money Mailer Kent Reporter
 Friend/Relative _____ (Let us know who sent you and they get \$10!)

PATIENT INFORMATION

Name:	Name:
Species (Cat/Dog/Other):	Species (Cat/Dog/Other):
Breed: Coat Color:	Breed: Coat Color:
DOB: Gender (M/F):	DOB: Gender (M/F):
Spayed/Neutered (Yes or No):	Spayed/Neutered (Yes or No):
Date of Last Vaccines:	Date of Last Vaccines:
(Dog) Rabies H3N2	(Dog) Rabies H3N2
DHPP/DHLPP Bordetella	DHPP/DHLPP Bordetella
(Cat) Rabies FVRCP FELV	(Cat) Rabies FVRCP FELV
Physical Activity/Exercise:	Physical Activity/Exercise:
Pre-existing medical conditions (i.e.: heart murmur, diabetes, etc.)	Pre-existing medical conditions (i.e.: heart murmur, diabetes, etc.)
Current Medications and Dosage:	Current Medications and Dosage:

Former/Current Vet or Clinic Name: _____

ALL Payments are due IN FULL at the time of service. _____ (Initial here)

NO CHECKS ACCEPTED _____ (Initial here)

Payments Accepted: Cash, Debit, MasterCard, Visa, AMEX, Discover, and Care Credit

My preferred method for communication is (circle your preference): Primary Phone Number Email Text Postal Mail

SIGNATURE OF PET OWNER OR PERSON ASSUMING FULL RESPONSIBILITY FOR PET(S) AND PAYMENT OF CHARGES:

Signature (Must be over 18 years of age) _____ Date _____