



**BAKER VETERINARY CLINIC
NEW CLIENT REGISTRATION FORM**

Date : ___ / ___ / 20___ name of the owner or legal representative: _____

Address: _____ # apartment: _____

City: _____ State ___ Zip: _____

Phone Home: _____ Phone Work: _____ Phone Cell: _____ Text Y/N

Fax: _____ Email: _____

Name of the Co - owner: _____ phone: _____

Pet Insurance Company: _____

How did you hear of us? Check one of the following:

TV ___ Internet ___ Yellow pages ___

Referred by a friend ___ Who can we thank? _____ other: _____

Please give us the name and phone number of your previous vet:

Please complete the following information for your pet (s):

The pet's name	Sex (M/F)	Spayed/ Neutered	Breed	Color	Date of birth	Vaccines last date

I authorize Baker Veterinary Clinic to administer any medication, test, anesthetic or surgical procedure which the veterinarian considers necessary to maintain the health, safety and welfare of my pet (s).

I understand that as a prerequisite to my pet (s) being admitted, vaccines must be current and that my pet (s) must be free from external and internal parasites (fleas, ticks, worms, etc.). This will be corrected at the time of admission and charged accordingly. All fees for professional services must be paid at the time of discharge.

I now assume legal responsibility for all services rendered. In the event that it came to be necessary to collect fees from the services of a lawyer or a collection agency, I am aware that I will be responsible for all attorneys fees, collection agency, file charges financial, interest and any other costs, depositions, and other reasonable attorney fees incurred. It is agreed that the place of all the actions will be in Palm Beach County, Florida.

In the event that my pet is abandoned at Baker Veterinary Clinic, hereby I authorize Dr. Baker or the staff to humanely dispose of such pet if it is not collected within seven calendar days after being notified by mail certified or registered to the address that the clinic shows to be the most recent.

NOTE: Photos or videos may be taken and used at Baker Veterinary Clinic's discretion on Baker Veterinary Clinic's Website, Facebook, Printed Media, or other Social Sites Initial _____

Signature of the owner or responsible agent: _____ Date: _____