



New Pet Registration

Please take a few minutes to give us the information we need to properly register your new pet with us.

Client Information

Last Name: _____ First Name: _____

Pet Information

Pet's Name: _____

Species: Dog Cat Other: _____ Breed: _____

Color: _____

Gender: male female Birthdate: _____

Neutered/Spayed: yes no Microchipped: yes no

Authorization:

I accept responsibility for all charges incurred in the care of my pet, and understand that all professional fees are to be paid at the time services are provided. I authorize microchip verification by Fox Valley Veterinary Clinic.

Signature of client or agent: _____ Date: _____