



Acupuncture, Chiropractic  
Herbal & Nutritional Medicine



**CLIENT REGISTRATION**

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name of Spouse/Other: \_\_\_\_\_

Spouse/Other Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Who will be the primary contact for communication about your pet? \_\_\_\_\_

Will anyone else be bringing your pet for care when you are unavailable? Yes  No

If yes:

<u>Name</u>	<u>Relationship</u>	<u>Authorization to make medical/ financial decisions about your pet?</u>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please describe any other pets in your household:

<u>Name</u>	<u>Age</u>	<u>Species</u>	<u>Name</u>	<u>Age</u>	<u>Species</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has anyone referred you to our practice? Yes  No

If so, whom? \_\_\_\_\_

If not, how did you learn about us? \_\_\_\_\_

**Payment is expected at the time service is rendered.**

**For your convenience, we accept cash, checks, MasterCard, Visa, American Express, and Discover.**

Signature \_\_\_\_\_

Date \_\_\_\_\_