

Client Registration Form

Owner		Spouse or Co-Owner	
Mailing Address			
City		State	Zip
Home Phone		Cell Phone	Work Phone
E-mail Address			
Regular Vet		Phone Number	

Pet Information						
Pet's Name		Canine Feline	Age or DOB		Sex	Male - Neutered Female - Spayed
Breed		Color			Weight	
Pet's Health History and Current Health Issues						
Current Medications (including flea/heartworm medications)						
Other Pets You Own					How old was pet when you acquired it?	

How Did You Learn About "The Healing Place"?
1) Friend, Relative or Veterinarian We Can Thank for Referring You: _____
2) Telephone Directory (Print): _____ 3) Telephone Directory (Online): _____ 4) Drove By and Saw Our Sign: _____
5) Internet Search (Google/Bing/Ask): _____ (Keywords You Used For Your Search: _____)
6) www.dr-trish.com web site: _____ 7) Other Web Site _____ (Name of web site: _____)
8) Magazine or Newspaper Article: _____ (Name of Publication: _____)
9) Advertisement: _____ (Where Did You See Our Ad?: _____)
10) Other: _____

I, as the owner or the authorized agent of the owner, hereby authorize "The Healing Place" (THP) to examine, prescribe for, or treat the above described animal, and I do hereby release and forever discharge THP, its representatives, agents or employees, from all claims and demands whatsoever which I have or may have against THP, its representatives, agents or employees, by reason of said prescribing or administration of any medications and/or supplements or the performance of any services, and any consequences resulting directly or indirectly there from. Furthermore, I assume full responsibility for all costs incurred in the care of this animal, including all costs of the collection of any payments due THP through an attorney, should it be required. I understand that all such costs are due and payable at the time the services are rendered.

Signature of Owner or Agent: _____ **Date:** _____