



Welcome

Westminster Veterinary Group Registration Form

Your Name: _____

(Circle one): Mr. Mrs. Ms. Dr.

Spouse/Partner: _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: () _____ Work: () _____

Cell Phone: () _____ E-Mail: _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License Number: _____ **Birthdate:** _____

If we are unable to reach you, whom may we contact in case of emergency?

Name: _____ Phone Number: () _____

Do you authorize this person to make urgent treatment decisions regarding your pet(s), if you are unreachable? Yes: ____ No: ____

How did you hear about us? (Please check all that apply)

Yellow Pages: ____ Website: ____ Saw Sign: ____

Family/Friend: (who) _____ Pet Store: (which one) _____

Veterinarian: (who) _____ Other: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for medical or surgical treatment.

Signature of Owner/Authorized Agent: _____ Date: _____

Your Name: _____

Please tell us a about your newest family member:

Name of Pet: _____
Birthdate: _____
Breed: _____
Species: _____

Sex: _____ Neutered _____ Spayed _____
or Approx. Age: _____
Color: _____

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