



REGISTRATION FORM

Thank you for giving us the opportunity to care for your pet. So we may become better acquainted, please complete the following information below.

DATE: _____

TIME: _____

PRESENTING COMPLAINT: _____

CLIENT INFORMATION

Owner/Responsible Party Name: _____

Co-Owner (If applicable): _____

Address: _____

City: _____ State: _____ Zip: _____ DOB: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email: _____ **Most correspondence will be through e-mail*

PATIENT INFORMATION

Name: _____

Species: CANINE FELINE Breed: _____

Color: _____ Age/DOB: _____

Sex: MALE FEMALE NEUTERED MALE SPAYED FEMALE

Is your pet current on vaccinations? YES NO

REFERRAL INFORMATION

Primary Veterinarian: _____

Primary Animal Hospital: _____

Signature

Date

By signing this Registration Form, I am acknowledging that I am taking full responsibility for this patient and give Carolina Veterinary Specialists permission to treat. I understand that payment is due at the time services are rendered. In the event that I am unable to make payment and all attempts have been made to contact me, Carolina Veterinary Specialists has the right to send my account to collections.

CHARLOTTE

2225 Township Rd., Charlotte, NC 28273
Phone: 704.504.9608 | Fax: 704.504.9606

HUNTERSVILLE

12117 Statesville Rd., Huntersville, NC 28078
Phone: 704.949.1100 | Fax: 704.949.1101

MATTHEWS

4099 Campus Ridge Rd., Matthews, NC
28104
Phone: 704.815.3939 | Fax: 704.815.3940

ROCK HILL

760 Addison Ave., Rock Hill, SC 29730
Phone: 803.909.8300 | Fax: 803.327.1698