



**First Flight**  
Mobile Veterinary Services

## New Client Patient Registration Form

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Phone Numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ (Whom may we thank?) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

For Equine Owners-Farm Name/Owner \_\_\_\_\_

Farm Address \_\_\_\_\_ Phone \_\_\_\_\_

### Photo Release

I grant First Flight Mobile Veterinary Services and its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that First Flight Mobile Veterinary Services may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

Initial \_\_\_\_\_ The above may take photos of me and/or my pet.

Initial \_\_\_\_\_ The above may NOT take photos of me and/or my pet.



**Pet Information**

	Pet #1	Pet #2	Pet #3
Name			
Species and Breed			
Date of Birth			
Color/Markings			
Sex: Spayed/Neutered			
Allergies(Foods/Meds)			
Vaccine Reactions?			
Current Medications			

We are happy to prepare a written estimate at any time.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet/s. I assume responsibility for all charges incurred in the care of these pet/s by signing below, I agree to pay the balance on my account in full at the time services are rendered. In the case of extenuating circumstances, and an arrangement is made in advance for a different payment plan, I assume responsibility for all charges incurred and any interest and service charges incurred due to an unpaid invoice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_