

Date \_\_\_\_\_

# N.V.C REGISTRATION FORM

Owner's Name \_\_\_\_\_ Title \_\_\_\_\_  
 Spouse/Other: \_\_\_\_\_ Children: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Home# \_\_\_\_\_ Work # \_\_\_\_\_  
 Cell# \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_  
 How would you like us to contact you about reminders/specials? (circle one) **Text Email Phone Call Postcard**

CANINE Name(s):	Breed	Color	D.O.B.	Sex	Spayed/ Neutered?	Microchip I.D.#

FELINE Name(s):	Breed	Color	D.O.B.	Sex	Spayed/ Neutered?	Microchip I.D.#

Previous vet(s) where past records could be obtained? \_\_\_\_\_

How did you hear about us? (CIRCLE ONE) Sign Drive By Yellow Book AT&T Shepherd's Guide  
Referral Website Facebook Twitter

Were you referred from an individual we may thank? (Name) \_\_\_\_\_

Do we have your permission to post your pet's picture and first name to our Facebook page? Yes or No

**I assume all responsibility for all the charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment and/or hospitalization.**

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver's License# (State) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Revised: 6/1/16