

**Client Registration Form**  
Welcome to Animal Diagnostic & Wellness Center!

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**Owner Information:**

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

Spouse or Co Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

How do you prefer to be contacted?  Text  Cell Phone  Home Phone  email

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

How did you hear of us?  Phone book  Internet  Other \_\_\_\_\_

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Owner Employer: \_\_\_\_\_ Phone# \_\_\_\_\_

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

Persons Authorized to make medical/financial decisions for this pet:

\_\_\_\_\_

\_\_\_\_\_

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**Pet Information:**

Pet's Name: \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: F M Spayed/Neutered

Date of Birth or Approx. Age: \_\_\_\_\_ Date of last vaccines: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

Pet Insurance Information: \_\_\_\_\_

Microchip or Tattoo Number : \_\_\_\_\_

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I authorize the veterinarian (or their assigned) to examine, scan for microchip, prescribe for, use any images, and treat any of my pets on file with Animal Diagnostic & Wellness Center. I assume financial responsibility for all charges incurred in the care of these animals. I also understand that these charges are due and will be paid at the time services are rendered and that a deposit may be required for emergency or surgical treatment.

I agree to hold Animal Diagnostic & Wellness Center/ Genest, Inc. harmless and waive any right to claim emotional distress damages in the event of the death of my pet.

There will be a monthly 1.5% finance and \$3.50 posting charge applied to all accounts that are left unpaid.

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