

MILLERSBURG VETERINARY HOSPITAL, LLC  
Susan McCarty, DVM  
(573) 642-8723

**FIRST-TIME CLIENT REGISTRATION**

Your Name \_\_\_\_\_

Pet's Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Breed \_\_\_\_\_

Address \_\_\_\_\_

Sex \_\_\_\_\_ DOB or Age \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Color \_\_\_\_\_

Home Phone \_\_\_\_\_

MEDICAL HISTORY

Your Work Phone \_\_\_\_\_

Rabies \_\_\_\_\_ Last Vax \_\_\_\_\_

Your Cell Phone \_\_\_\_\_

Other: \_\_\_\_\_

Spouse Work Phone \_\_\_\_\_

\_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

**REQUIRED FOR PAYMENT BY CHECK**

**REFERRED BY** \_\_\_\_\_

Your Driver's License No. & State \_\_\_\_\_

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

Spouse Driver's License No. & State \_\_\_\_\_

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

Date:

Weight: