



Full Circle Veterinary Care

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[www.FullCircleVetCare.com](http://www.FullCircleVetCare.com)

## CLIENT REGISTRATION FORM

Clients visiting our clinic for the first time are most welcome!

Please complete the form as fully as possible so we may serve you better.

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

Name: \_\_\_\_\_ Spouse/Co-Owner: \_\_\_\_\_

Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

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

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

Spouse/Co-Owner Cell: \_\_\_\_\_ Spouse/Co-Owner Work: \_\_\_\_\_

E-Mail(s): \_\_\_\_\_

Would you like to receive our e-mail newsletter? Yes \_\_\_ No \_\_\_

We love showing off our cute patients!

May we share your pet's picture on our Facebook page? Yes \_\_\_ No \_\_\_

Driver's License: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

In case of emergency, do you have an alternate contact/phone number? \_\_\_\_\_

Is there someone we may thank for recommending our hospital to you? \_\_\_\_\_

If not, how did you hear about us? \_\_\_\_\_

We will gladly prepare a written estimate of fees if you desire. Please ask for your written estimate.

*All payment must be made at the time services are performed.*

I am the owner or representative of the legal owner of the animal being presented for treatment.

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