

SOUTHERN HILLS VETERINARY HOSPITAL  
2242 E 56<sup>th</sup> Pl\*  
Tulsa, OK 74105\*(918) 747-1311

## CLIENT REGISTRATION

The Staff of our hospital thank you for the opportunity to provide veterinary care for your pet family member.  
Please take a few moments to fill out this form as completely as possible.

**Client Name: *please print all entries***

- Dr.  
 Mr.  
 Mrs.  
 Ms.

### CONTACT INFORMATION

**Home Phone:**

**Mailing Address:**

street

**Work Phone:**

city state zip

**Spouse's Work Phone**

**Employer:**

**Cellular Phone (Self and Spouse):**

**Employer Address:**

street

**Pager Number (Self and Spouse):**

city state zip

**E-mail:**

**Spouse's/Co-owner's Name:**

**Emergency Contact Name and Number:**

**Spouse's/Co-owner's Employer:**

**How did you hear about us?**

Is there someone we may thank? - Individual

city state zip

Saw our hospital

Website

Yellow Pages

Newspaper Article or Advertisement

Professional fees are due at the time services are rendered. If you wish to pay by check, credit card, bank or debit card, please complete the following:

**Driver's License: (state and number)**

Other

**Social Security Number:**

**PET # 1**

**PET # 2**

**Pet's Name:**

**Pet's Name:**

**Date of Birth or Age:**

**Date of Birth or Age:**

**Species:**  Dog  Cat  Other

**Species:**  Dog  Cat  Other

**Breed:**

**Breed:**

**Sex:**  Male (neutered?  yes  no)  
 Female (spayed?  yes  no)

**Sex:**  Male (neutered?  yes  no)  
 Female (spayed?  yes  no)

**Color/Markings:**

**Color/Markings:**

**Vaccinations were last given by (clinic name):**

**Vaccinations were last given by (clinic name):**

**Date:**

**Date:**

**Allergies or Long-term Medical Problems:**

**Allergies or Long-term Medical Problems:**

Registered By

Client ID:

(Office Use Only) Patient Medical Record Number