

LITTLE MOUNTAIN VETERINARY CLINIC  
5923 East NC Hwy 150  
Denver, NC 28037  
704-489-2444

Client Registration: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work #: \_\_\_\_\_

Spouse: \_\_\_\_\_ Work #: \_\_\_\_\_

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

How did you learn of our clinic? \_\_\_\_\_

**Pet Registration:**

#1 Pet's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Dog/Cat: \_\_\_\_\_

Breed: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Color: \_\_\_\_\_

#2 Pet's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Dog/Cat: \_\_\_\_\_

Breed: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Color: \_\_\_\_\_

#3 Pet's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Dog/Cat: \_\_\_\_\_

Breed: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Color: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

I hear by authorize Little Mountain Veterinary Clinic to examine, prescribe for and/or treat my pet(s). I assume financial responsibility for all charges incurred in the care of my pet(s). I also understand that I am not guaranteed a successful outcome nor will I hold the clinic or its personnel responsible for my pet(s) recovery. I also understand that charges will be paid in full at time of release and that a deposit may be required for surgical or inpatient treatment.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Payment: (NO CHECKS) \_\_\_\_\_