



Joseph R. Clauss, D.V.M.
Peter M. Clauss, D.V.M.
Jan M. Freeman, D.V.M.
Betsy M. Johnson, D.V.M.
Alyce D. Schaefer, D.V.M.
Nathan J. Tompkins, D.V.M.

188 Thorn Avenue
Orchard Park, NY 14127
(716) 667-7250
Fax (716) 667-2977

REGISTRATION

Date _____

Mr. Mrs. Miss. Dr. _____

Person Responsible for Account _____

Address _____ City _____ State _____ Zip _____

Email address _____

Home Telephone _____ Work _____ Cell _____

At what time and at what phone is it best to reach you? Time: _____ Phone: _____

In case of EMERGENCY, please call _____ at phone number _____

Pet's Name _____ **Approx. Date of Birth** _____

☐ Dog ☐ Cat **Breed** _____ **Color** _____

Sex: ☐ Male ☐ Neutered ☐ Unneutered

☐ Female ☐ Spayed ☐ Unspayed

Previous veterinarian(s) where past records could be obtained if necessary _____

Specify problem(s), medications and dosage, if known. _____

How did you first hear of us?

☐ Internet ☐ Yellow Pages ☐ Sign ☐ Other _____

Referral – Individual we may thank? _____

I assume responsibility for all charges included in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Owner and Responsible Party _____