



CLIENT REGISTRATION

Owner Information:

NAME: _____ FIRST _____ LAST _____ Mr Mrs Ms Dr

SPOUSE/CO-OWNER: _____ FIRST _____ LAST _____ Mr Mrs Ms Dr

ADDRESS: _____ APT: _____
CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: **Owner** **Spouse/Co-Owner**

Home: _____ _____
Cell: _____ _____
Work: _____ _____

E-MAIL ADDRESS: _____

How did you find us?

- Internet
- Drive by
- Yellow Pages
- Referral
- Other _____

If referred to us by a client, who may we thank? _____

Patient Information: (Please fill out the Patient Registration Form if you have more than 1 pet)

PET'S NAME: _____

SEX: Male Female Spayed/Neutered?: _____

BIRTHDATE: _____ APPROXIMATE AGE: _____

SPECIES: Dog Cat BREED: _____

COLOR: _____

Previous Veterinarian information _____

Does your pet have any allergies to vaccines or medications? _____ If yes, to what _____

Does your pet have any medical conditions? _____

Is your pet on any medications? _____

Is your pet on a special diet? _____

Proof of vaccinations is required for all animals having surgery or being boarded in our kennels! A deposit may be required for any animals left in our care for any reason. An estimate of treatment cost can be provided to you, upon request, at the onset of treatment. The balance will be due at the time your pet is released to you. If, for any reason, your account is not paid in full, you agree by your signature to pay reasonable collection fees allowed by the laws of Tennessee should it be necessary to place your account in outside hands for collection. We accept cash, checks, Visa, MasterCard, Discover, American Express, and Care Credit for payment.

Signature of Owner _____

Date _____



Permission to Release Patient Records

I, _____ do hereby give permission to Cedar Bluff Animal Clinic to release my pet(s) medical records in accordance with the following guidelines. Furthermore, I realize that any change to this authorization must be made in writing.

_____ **All pets in my file (including any future pets that may be added)**
_____ **Only the pet(s) listed:** _____

_____ **Any or all medical records requested**
_____ **Only vaccination information**

_____ **Records may be released to any facility or individual that requests them**
(including, but not limited to boarding facilities, groomers & other veterinarians)

_____ **Records may only be released to the following:**
_____ **Boarding facilities**
_____ **Groomers**
_____ **Veterinarians**
_____ **Other:** _____

Signature: _____

Date: _____

From the Tennessee Board of Medical Examiners (TBME):
Rule 173-01-.13(6) specifically states that client records can only be released with the written permission of the client (with the exception of law enforcement, state & federal agencies & courts of law). The TBME has stated that this includes requests for vaccination records from boarding facilities, groomers & other veterinarians. For further information, please see the TBME's Policy statement regarding release of Patient records at Board of Veterinary Medical Examiners-TN.Gov.