



Welcome!

Small Mammal Registration

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following form.

Marguerite Ermeling, DVM.

Darren Rausch, DVM.

Natalee Beck, DVM

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www.gcahlawrence.com

CLIENT INFORMATION

Name: _____ Spouse/other: _____

Local Address: _____ City: _____ Zip: _____

Permanent Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Work Phone (spouse/other): _____ Cell(spouse/other): _____

E-mail: _____

Place of Employment: _____ Best time to reach you: _____

Drivers License Number: _____ DL # (spouse/other) _____

Found our clinic by? Friend/Relative _____ Clients receive a thank-you credit for referring new clients.

Whom may we thank for sending you to us? _____

Yellow pages _____ Google _____ Website _____ Other _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please circle choice of payment: Check Cash VISA Discover Mastercard Care Credit

PATIENT INFORMATION

Name: _____ Species or variety: _____

Date of Birth (age): _____ Color: _____

Sex: M or F (If Known): Spay or Neutered

Type of Food: _____ How much/often? _____

Supplements: _____ Water Container: _____

Cage Type: _____ Size: _____

Bedding used: _____ Day/Night Temp: _____

Any other animals in the same cage? Y or N

Understanding that ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED, I authorize treatment for my pet. I also understand that a deposit is required for in-hospital treatment.

Signature of owner or responsible Party: _____ **Date** _____