APEX
DOG & CAT DENTISTRY

Specializing in Veterinary Dentistry and Oral Surgery

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Donald E. Beebe, DVM,
Diplomate, AVDC

PATIENT REGISTRATION FORM

CLIENT INFORMATION

Last Name ____________________ First Name ___________________ Title _____

Street Address ____

City _______________________________ State _________ Zip Code ___________

Cell Phone # (_____) _____-_________ Work Phone # (_____) _____-_________

Home Phone # (_____) _____-_________

Occupation ____________________________

SPOUSE/SIGNIFICANT OTHER INFORMATION

Name _______________________________ Occupation ________________________

Cell phone # (_____) _____-_________ Work Phone # (_____) _____-_________

Please circle primary contact phone number above

Email Address ____

PRIMARY VETERINARIAN INFORMATION

Hospital _________________________________ Doctor ______________________

City ____________________________ Hospital Phone # (_____) _____-_________

PATIENT INFORMATION

Pet Name ________________________________ Species DOG or CAT

Breed _________________________________ Color _________ Sex __________

Neutered or Spayed? Y or N Date of Birth ____________________________

How did you hear about us? Personal Veterinarian ___ Friend ___ VRCC ___
Website ___ Other ____________________________

Authorization

I hereby authorize Dr. Beebe to examine, prescribe for, or treat the above described patient. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges must be paid at the time of the examination or release from surgery and that a deposit may be required for surgical treatment.

Signature of Client ____

Date __________________________

Other individual to authorize treatment or pick up ____________________________