

Client Registration

*Island Veterinary Services
P.O. Box 2316 GT
Eden Centre, Walkers Road
Georgetown
Grand Cayman, BWI
(345) 949-0787*

Date _____

Owner's Name _____ Spouse/Other _____

Home Telephone _____ Cell / Pager _____

Place Of Employment _____ Work # _____

Home P.O. Box _____

Physical Address _____

Pet's Name _____ Date Of Birth _____ Age _____

(Circle each that apply) Male / Neutered / Female / Spayed

Dog / Cat / Bird / Other _____ Breed _____

List any other animals you own _____

Has your pet been to a vet before? _____

If so, where and when _____

I hereby authorize the veterinarian and staff to examine, prescribe for, or treat the above-described pet. I assume all responsibility for the charges incurred in the care of this animal. I also understand that any charges incurred will be paid in full at the time of release and that a deposit may be required for certain treatment.

Signature of responsible party _____ Date _____

Method of payment: CASH CHEQUE VISA MASTERCARD AMEX