

REVIEWED \_\_\_\_\_

**WOOD RIVER ANIMAL HOSPITAL, INC.**

**David A. Serra, VMD**

**28 Kingstown Road Wyoming, RI 02898**

**401-539-1199**

**2017 Client Registration**

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Address (if different from above): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Do we have permission to photograph your pets for social media purposes? **YES / NO**

**In case of emergency and we cannot contact you:**

PLEASE CALL 1<sup>ST</sup>: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE CALL 2<sup>ND</sup>: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please list the names & type of any other animals that you own: \_\_\_\_\_

Do we need to be aware of any special needs for you or your pet? \_\_\_\_\_

**Please turn over and complete.**