



CAER NEW CLIENT REGISTRATION

Veterinary Eye
INSTITUTE

Welcome to Veterinary Eye Institute.
We kindly ask that you provide the
following information so that we may
become better acquainted.

Owner Information

Name Suffix
Address
City, State, Zip
Phone Numbers Home
Work
Mobile
E-mail address

Patient Information #1

Pets Name
 Dog Cat Other
 Male Male/Neutered Female Female/Spayed
Breed
Color
Date of Birth
(if unknown, please estimate age)

Patient Information #2

Pets Name
 Dog Cat Other
 Male Male/Neutered Female Female/Spayed
Breed
Color
Date of Birth
(if unknown, please estimate age)

Patient Information #3

Pets Name
 Dog Cat Other
 Male Male/Neutered Female Female/Spayed
Breed
Color
Date of Birth
(if unknown, please estimate age)

Patient Information #4

Pets Name
 Dog Cat Other
 Male Male/Neutered Female Female/Spayed
Breed
Color
Date of Birth
(if unknown, please estimate age)

Patient Information #5

Pets Name
 Dog Cat Other
 Male Male/Neutered Female Female/Spayed
Breed
Color
Date of Birth
(if unknown, please estimate age)

All fees are required to be paid in full following the completion of your visit. VEI accepted payment methods:
All Major Credit Cards (MasterCard, Visa, AMEX, Discover), Bank Debit Cards, Care Credit, Traveler's check, Cashier's Check, Money
Order, Cash. **VEI does NOT accept: Personal checks, Business checks**
Signature Date