

Angel Veterinarian Clinic – Client Registration

Pet Owners are required to pay all fees for veterinary services when those services are rendered.

We accept CASH, VISA, MASTERCARD, DISCOVER, AND CARE CREDIT.

Owner's Name _____	Spouse's Name _____
Last First	Last First
Physical Address _____	
Number Street	Apt/Lot/Trl City State Zip
Mailing Address _____	
(if different)	
Home Phone _____	Cell Phone _____
Driver's License # _____	Date of Birth _____
Place of Employment _____	Work Phone # _____
Spouse's Employment _____	Work Phone # _____
Email Address _____	

Pet Name _____	Pet Name _____	Pet Name _____
(Circle One) Canine Feline Other	(Circle One) Canine Feline Other	(Circle One) Canine Feline Other
Breed _____	Breed _____	Breed _____
Color _____	Color _____	Color _____
Sex (M/F) _____	Sex (M/F) _____	Sex (M/F) _____
Spayed/ Neutered Yes No	Spayed/ Neutered Yes No	Spayed/ Neutered Yes No
Birth Date ____/____/____	Birth Date ____/____/____	Birth Date ____/____/____
Signature of Owner _____	Today's Date _____	

If you are not the owner of the animal, complete this portion of the form.

Person presenting the animal for treatment _____

Complete Address of non-owner _____	Last Name First Name
Phone Number _____	City _____ State _____ Zip _____
Relationship to owner (Son/Daughter/Parent/Other) _____	
Signature of non-owner _____	Today's Date _____

Retention Agreement

The above signed owner (whether one or more) of the animal which is now or hereafter retained by Angel Veterinary Clinic, by writ, understands that at any time, which in the sole judgement of the hospital is considered appropriate, notice by certified mail to remove the animal from the hospital may be forwarded to the address given above. It is agreed that at any time after (7) calendar days from the forwarding of such notice, the animal may be considered abandoned and may be disposed of by the hospital in any manner which it deems suitable, and that doing so the above signed should not be relieved, but shall remain obligated for the payment of professional services rendered for hospital care and attendance, and for charges related thereof.