

## Client Registration

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this form.

### Owners Information

(Must be at least 18 years of age or older)

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

SSN (required for checks) \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ E-mail \_\_\_\_\_

### Spouse or Other Person to Act for Owner

(Please write "same" if information is same as above)

Spouse/ Significant other's Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ E-mail \_\_\_\_\_

### Pet Information

Name \_\_\_\_\_ Date of Birth/ Approx. Age \_\_\_\_\_

Species: (circle) Canine Feline Breed \_\_\_\_\_ Color(s) \_\_\_\_\_

Sex: (circle) Male Female Is pet spay/neutered? \_\_\_\_\_

Type of Pet: (circle) Indoor Outdoor Both

Microchip Number \_\_\_\_\_

Previous Veterinarian(s) where past records could be obtained if necessary:

Previous illnesses/surgery/allergies:

Current medications including heartworm prevention:

**\*\*Please provide the receptionist with an official copy of your pet's most current vaccinations records\*\***

### **Financial Policy**

You are responsible for payment of all services rendered at the time services are performed. A 70% deposit is required prior to hospitalization or surgery for new clients. Hospital accounts must be kept current throughout the period of hospitalization. Finance charges will be applied to any late payments.

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### **Missed Appointment Policy**

If you need to cancel or reschedule an appointment, please notify our office within 24 hours of appointment to avoid a missed appointment fee of \$25.00

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### **Policy Concerning Unpaid Bills of Abandoned Pets**

You will be billed for treatments and boarding incurred up to the date you pick up your pet. Your total bill, attorney fees, and court cost, plus collections fees will be turned over to a national collections agency and reported to the appropriate credit bureaus to be placed on your credit report if payment is not made in full within 30 days of your pet's release date. If you do not pick up your pet within 10 days of its release date, your pet will be considered abandoned.

INITIAL\_\_\_\_\_

### **Authorization**

I have read and understand the above policy and request treatment of my pet in accordance with these policies.

I assume full financial responsibility for all charges incurred to the patient and agree to pay cost of collection, attorney fees, and the cost in the event of nonpayment.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**Thank you for allowing us to care for your pet. We hope you will find that our facilities and staff provide the best veterinary care available for your pet.**

### **How did you hear about us?**

\_\_\_ Individual, someone we can thank: \_\_\_\_\_

\_\_\_ Yellow Pages

\_\_\_ Hospital Signs

\_\_\_ Expressions Magazine

\_\_\_ Other:\_\_\_\_\_