

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.

INITIAL _____

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

INITIAL _____

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: _____