



FAIRFIELD PET HOSPITAL INC NEW CLIENT REGISTRATION

Thank you for giving us the opportunity to care for your pet(s).



So that we may become better acquainted with your pet's current & previous care, please complete the following:

CLIENT (OWNER) INFORMATION

NAME

Last

First

MI

ADDRESS

Street

City

State

ZIP

HOME PHONE

SPOUSE'S NAME

CELL PHONE

SPOUSE'S CELL PHONE

EMPLOYER

SPOUSE'S EMPLOYER

WORK PHONE

SPOUSE'S WORK PHONE

***PREFERRED CONTACT (MARK ONE)

HOME

CELL

WORK

E-MAIL ADDRESS

SPOUSE'S E MAIL ADDRESS

SOCIAL SECURITY NO.

SPOUSE'S SOCIAL SECURITY NO.

DRIVER'S LICENSE NO.

SPOUSE'S DRIVER'S LICENSE NO.

DATE OF BIRTH

SPOUSE'S DATE OF BIRTH

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

ACCOUNT INFORMATION

PLEASE INDICATE CHOICE OF PAYMENT:

CASH _____

CHECK _____

(ID information above required for check writing)

CREDIT CARD _____

CARE CREDIT _____

ACCOUNT AGREEMENT

1. I understand that all Professional Fees are to be Paid at the time of service.
2. I understand that there is a \$25 fee charged for all returned checks
3. I understand that I will be responsible for all legal and collection fees associated with my account.

SIGNATURE _____

DATE _____

HOW DID YOU BECOME AWARE OF OUR CLINIC?

PERSONAL REFERRAL(WHOM MAY WE THANK?) _____

AMERITECH YELLOW PAGES

NEWSPAPER

COUPON

LOCATION

HANES YELLOW PAGES

WEBSITE

SIGN

OTHER _____

ACCT # ASSIGNED _____

EMPLOYEE ENTERED BY _____

UPDATED/Employee _____

UPDATED/Employee _____

UPDATED/Employee _____