

CLIENT REGISTRATION FORM

Please Check One: New Client Current Client New Pet New Address

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

SSNo.: _____ PhoneNo.: _____ Emer.No.: _____
or Driver's License Number

Employer: _____ WorkNo.: _____

SpouseorCo-Owner'sName: _____

Employer: _____ WorkNo.: _____

How did you first hear of us? _____

Owner'sDateofBirth _____ EmailAddress: _____

PET NO. 1

PET NO. 2

Name: _____

Name: _____

Birthdate: _____

Birthdate: _____

Species: Dog Cat Other _____

Species: Dog Cat Other _____

Breed: _____ Color _____ Sex _____

Breed: _____ Color _____ Sex _____

Neutered or Spayed?: _____

Neutered or Spayed?: _____

Date of last Vaccinations: _____

Date of last Vaccinations: _____

Last Rabies Vaccination: _____

Last Rabies Vaccination: _____

Where were shots obtained?: _____

Where were shots obtained?: _____

Any long term conditions?: _____

Any long term conditions?: _____

Current Med.: _____

Current Med.: _____

ReasonforVisit: _____

List names and types of other pets you own: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat, the described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release.

I hereby grant the veterinarian the right to retain possession of the described pet(s) until such time as payment is made in full on the account or satisfactory payment arrangements are made. In addition, I acknowledge that I shall be liable for any and all expenses associated with boarding the pet(s) until payment has been made.

In the event that my account is turned over for collection, I understand that I will be responsible for any and all costs of collection, including attorney's fees, interest and court costs.

Signature of Owner or Agent: _____ Date: _____

Method of payment: Cash Check Master Charge/VISA

I, (printed name)

_____ hereby grant permission to Alexandria Animal Hospital (Alexandria, Indiana) to use my and my pet's photograph on its internet sites and/or in other official promotional printed or internet publications without further consideration/permission.

I acknowledge Alexandria Animal Hospital's right to crop or treat the photograph at its discretion. I also acknowledge that the hospital staff may choose not to use my photo at this time, but may do so at its own discretion at a later date.

I also understand that once my image is posted on an internet site, the image can be downloaded by any computer user. I understand that Alexandria Animal Hospital and its staff cannot control the unauthorized use by persons other than the hospital once the image is published on the world wide web. Any claim I have concerning the unauthorized publication of my image must be pursued by me against the unauthorized user. Alexandria Animal Hospital disclaims any responsibility for any unauthorized use of my published image.

Date _____

DECLINE

Signature _____

CONSENT INCLUDED BUT NOT LIMITED TO ALEXANDRIA ANIMAL HOSPITAL WEBSITE, FACEBOOK, TWITTER, GOOGLE, PRINTED MATERIAL, PROMOTIONAL EMAIL/TEST.



Alexandria

ANIMAL
HOSPITAL



Alexandria Animal Hospital

2310 SOUTH PARK AVE | ALEXANDRIA, IN 46001 | Phone (765) 724-3650 | Fax (765) 724-2898

Financial Policy

Thank you for choosing Alexandria Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Alexandria Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash
- Check
- All major credit cards (Visa[®], MasterCard[®], American Express[®], Discover Card[®])
- Convenient Monthly Payment Options¹ from the CareCredit[®] Healthcare CreditCard
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹

For some treatments such as hospitalized patients or surgery, a deposit may be required. We will require half of the low end of estimate provided as a deposit to begin your pet's treatment.

Additional Policy Information:

Alexandria Animal Hospital charges \$20 for returned checks.

We work with a variety of different pet health insurance companies. We encourage all clients consider learning about the many different options available. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Pet(s) Name(s)

Email

¹Subject to credit approval