



Welcome

Thank you for giving us the opportunity to care for your pet. To insure the best care possible, please complete this form. We'll be happy to answer any questions you may have.

Client Registration

Today's Date ____ / ____ / ____

Owner's Name		Spouse/Other	
Address			
City		State	Zip
Home Phone	Work Phone	Cell Phone	
How did you hear about us?	<input type="checkbox"/> Friend _____	<input type="checkbox"/> Sign	
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Relative _____	<input type="checkbox"/> Website	
<input type="checkbox"/> Other _____			

Patient Registration

Pet's Name	Type of Animal <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	Sex <input type="checkbox"/> Male
Date of Birth		Neutered? Yes/No
Breed		<input type="checkbox"/> Female
Color		Spayed? Yes/No

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. 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 and that a deposit may be required for surgical treatment.

Collection Fee Responsibility Notice

In consideration of the services provided to the patient, I/we hereby guarantee payment in full of the patient's account in accordance with the financial arrangements made at the time of appointment. I/we agree that in the event of default in payment, reasonable cost of collection equal to fifty (50) percent of the delinquent balance, and/or reasonable attorney fees may be added to the amount due on the account.

Method of Payment

Cash Master Card Care Credit
 Check Visa Other _____

Owner Signature _____ Date ____ / ____ / ____