



## Welcome

Thank you for giving us the opportunity to care for your pet. We are committed to providing exceptional service to you while maintaining the highest standard of medical care for your pet. Please complete this registration form so we will have accurate information in your records to insure the best care possible. We will be happy to answer any questions you may have.

## Client Registration

Owner's Name: \_\_\_\_\_  
(must be at least 18 years of age)

Spouse/Co-Owner/Other Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(P.O. Box or Mailing address if applicable)  
\_\_\_\_\_  
(City) (State) (Zip)

Phone Number's: Please identify each number.

Primary # : ( \_\_\_\_ ) \_\_\_\_\_ Cell Home Work Ext. #: \_\_\_\_\_

Phone #2 : ( \_\_\_\_ ) \_\_\_\_\_ Cell Home Work Ext. #: \_\_\_\_\_

Phone #3 : ( \_\_\_\_ ) \_\_\_\_\_ Cell Home Work Ext. #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Decline email: \_\_\_\_\_  
(For free internet access to your pets' records known as your Petty Page)

Who can we thank for the referral?

Website FaceBook Page Sign Radio Yellow Pages  
Friend/Relative: \_\_\_\_\_ Shelter: \_\_\_\_\_  
Other: \_\_\_\_\_

## 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 in full at the time of release and that a deposit may be required for surgical treatment.

### Payment Responsibility Notice

In consideration of the services provided to the patient, I/we understand and agree that I/we are financially responsible for payment of all services rendered at the time of patients' release. I/we understand and agree that any remaining balance on account not paid in full within 30 days will accrue a monthly finance charge of 1.5% (minimum \$4.50).

If at any time you are concerned about the cost of treatment, we will be happy to go over an estimate with you.

### Method of payment (due at time of service)

\_\_\_ Cash      \_\_\_ Check (Requires Driver's License \_\_\_\_\_)      \_\_\_ Care Credit (Ask us how to apply)  
\_\_\_ Visa      \_\_\_ MasterCard      \_\_\_ Discover      \_\_\_ American Express

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_