

CLIENT REGISTRATION FORM

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

MAILING Address: \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

SS No. \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Work No. \_\_\_\_\_

Spouse or Co-Owner's Name \_\_\_\_\_ Co-Owner's Phone Number \_\_\_\_\_

Check here if you would like to be subscribed to the **FREE E-MAIL** Pet Living & Wellness Newsletter: \_\_\_\_\_

Please note: Your privacy is important to us.

All information received in all forms and through other communications is subject to our Patient Privacy Policy.

**Pet Information**

**Pet No.1**

**Pet No. 2**

Name \_\_\_\_\_

Name \_\_\_\_\_

Age/Birth Date \_\_\_\_\_ Species \_\_\_\_\_

Age/Birth Date \_\_\_\_\_ Species \_\_\_\_\_

Breed \_\_\_\_\_

Breed \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Male/Neuter \_\_\_\_\_ Female/Spay \_\_\_\_\_

Male/Neuter \_\_\_\_\_ Female/Spay \_\_\_\_\_

Reason for visit \_\_\_\_\_

**PAYMENT IS DUE WHEN SERVICES ARE RENDERED UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE**

We accept cash, checks, MasterCard, Visa, Discover, American Express, and Care Credit. You can apply for Care Credit at the clinic and be notified of your approval status within 10 minutes.

Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ MC/VISA \_\_\_\_\_ Am.Exp./Disc. \_\_\_\_\_ Care Credit \_\_\_\_\_

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

Signature of Owner or Agent \_\_\_\_\_ Date \_\_\_\_\_