

New Client Registration Form

Date: _____

Owner's Name: _____

Spouse/Co-Owner: _____

Address: _____

Employer's Name & Address: _____

Spouse/Co-Owner's Employer's Name/Address: _____

Home Phone: _____ Mobile Phone : _____

What is your best E-Mail Address: _____

In case of an EMERGENCY, please call (Name): _____ at Phone number: _____

Pet's Name : (species), Pet's Name : (species), Pet's Name: (species)

_____ : _____ : _____ : _____ : _____

Previous Veterinarian (if any) to obtain Medical Records: _____

Relationship to individual who brings the pets (if not owners): _____

Who we may thank for referring you to us: _____

I assume full responsibility for all charges incurred of this pet(s). I understand that these charges will be due at the time of services are rendered. A deposit of 50% percent of total amount is required, if pet gets hospitalized for care or procedure(s). If my pet is found to have fleas during stay at the hospital/ I pre-authorize my pet's flea treatment at additional charge. A fee of 1.5% per month interest is charged on any unpaid balance over 30 days. Accounts of unpaid amount over 30 days are sent to collection agency. We accept Visa, Master card, Discover, Cash, Debit card. Checks are accepted only on the second visit and thereafter.

Owner or Responsible Party:

Driving License number: _____ State where licensed: _____