

**Cottonwood Animal Clinic
1101 Rio Rancho Blvd.
Rio Rancho, NM 87124
(505) 891-2800
Clinic Registration Form**

Account # _____

Name: _____ Home Phone: _____ Cell: _____
 Last **First** **MI**

Spouse or Co-Owners Name: _____ Phone: _____

Physical address: _____
 Street City State Zip

Mailing address: _____

Email address: _____ Employer: _____

How did you hear of us? _____
(Yellow Pages, Friend, Clinic Sign etc...)

I understand that payment is due in full at time of service, if for any reason I fail to pay, the account will be sent to a COLLECTION AGENCY. Additional fees may apply if sent to Collections. CWAC accepts cash, Visa, MasterCard, and Discover as payment options. I hereby authorize Veterinarians employed by Cottonwood Animal Clinic to examine, prescribe, and treat any of my pets. I also understand that these charges will be paid in full at time services are rendered. It also will be required that we have a deposit for any surgical treatment, drop offs or emergencies.

Signature of Owner or Authorized Agent: _____ Date: _____

Name: _____ Breed: _____

Name: _____ Breed: _____

Species: Canine Feline Other _____

Species: Canine Feline Other _____

Birth date: _____ Age _____

Birth date: _____ Age _____

Color: _____

Color _____

Sex: Male Neutered/Female Spayed

Sex: Male Neutered/Female Spayed

Any long term medical conditions: _____

Any long term medical conditions: _____

Current medications, if any: _____

Current medications, if any: _____

For office use only:

ID check _____ Employee initials _____