COUNTRYSIDE ANIMAL CLINIC
CLIENT REGISTRATION

Client Name (if over 18 yrs. old):

_____

(Last) (First) (Middle)

Address: _____

(Number) (Street) (Apt #)

_____

(City) (State) (Zip Code)

Primary # _____H / W/ C **Contact Person(self/partner/family/friend)**

Secondary #_____ H / W/ C **Contact Person (self/partner/family/friend)**

Email Address: _____Contact Person(self/partner/family/friend)

Email Address: _____Contact Person(self/partner/family/friend)

How do you prefer to be contacted? ☐ Phone or ☐ Email

Driver's License# or SSN: _____ Date of Birth: _____
Required for check writing privileges *Required by VA to dispense controlled pain meds*

Referred by_____**Please indicate here if we have permission to post testimonials and/or photos of your pet(s) with their first name & last initial online or in the clinic: YES / NO**

Signature _____ Date _____

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Other Person(s) Authorized to make Medical and Financial Decisions:

Name: _____Driver's License # _____

Address: _____

Home # _____ Work # _____Cell #_____

Relationship to Client: _____ Date of Birth: _____

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FINANCIAL RESPONSIBILITY AGREEMENT: Full payment is expected at time of service. I understand that if my account balance is not paid in a timely fashion, I will be responsible for not only the balance due but also for any collection and/or reasonable attorney fees that are incurred in the attempt to collect this debt. Outstanding debts will be assessed with an interest fee of 1.5% per month (18% per annum). Countryside Animal Clinic reserves the right to report any overdue accounts to the Credit Bureaus.

_____ _____ _____
Print Name Signature Date

_____ _____ _____
Print Name (2nd owner) Signature Date