



CLIENT REGISTRATION

Thank you for choosing our clinic! We pride ourselves in offering high quality medical care and emphasize preventive medicine. We look forward to serving you and caring for your pet's needs for many years to come. Please complete this form so we can accurately enter this information into our files.

Owner: _____ Title: _____
Last First

Address: _____ Primary Phone #: _____
(Street address)

(City) (State) (Zip) Secondary Phone #: _____

Work Phone #: _____

Email Address: _____

Social Security #: _____ Driver's License #: _____ State: _____
D.O.B: ___/___/___ (Required)

Alternate Contact Name: _____ Alternate contact #: _____

How do you plan to pay for today's services? Circle one: **Cash** **Check** **Credit Card**

Payment is due in full at the time of service. We accept cash, checks, and credit cards; VISA, MasterCard, Discover, and we offer **Care Credit** if you need a payment plan.

How did you hear about our clinic? (Please check one)

Phone Book: _____ Drove By: _____ Facebook: _____ Website: _____ Google: _____

Referral: _____ Whom may we thank for referring you? _____

Do you have a Military ID Card or are you a veteran? (Circle for our Military Discounts) YES NO

Are you at least 65 years of age or older? (Circle for our Senior Discounts) YES NO

Agreement Terms: We pledge to do our very best to care for your pet's health needs. In return we ask you to accept the responsibility for charges incurred in the treatment of your pet and accept that **payment is due when services are rendered**. Please feel free to ask for an **Estimate** prior to providing services. If at any time you are not satisfied with our service, please let us know. We will be happy to answer your questions.

Checks returned for non-sufficient funds will be charged \$50 or 10% returned check fee (whichever is higher.)

Client Agreement & Signature: _____ Date: _____