



SUBURBAN Animal Hospital

Client Registration Form

Owner name (Last, First, Middle): _____

Address: _____

Street No	Street Name	City	State	Zip Code
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Telephone Numbers:

Home: _____ Cell: _____

Work: _____ Email: _____

- It is okay to use email for pet(s) communication for sick visits.
- It is okay to use email for pet(s) communication for reminders.
- Opt out of email use.

Co-owner/Authorized person to access and make changes to account: _____

Spouse Relative Friend Significant Other Other _____

Telephone number: Home: _____ Cell: _____

We occasionally feature our patients on our Facebook page and other social media sites; do we have your permission to do so? YES NO

How did you hear about us? Walk In/Drive by Friend/Word of mouth Social Media-List which one: _____

AUTHORIZATION:

- * I am over 18 years of age and I am the owner or owner's authorized agent for pet(s) listed on back of this form.
- * I understand that all fees are due in full at discharge.
- * I understand that no guarantee or warranty can ethically or professionally be made regarding results or cure.
- * I understand that SUBURBAN ANIMAL HOSPITAL cannot guarantee the return of any personal items left with my pet.
- * I understand that unforeseen conditions may necessitate altering care. I assume responsibility for any additional expenses, such as follow up radiographs; recheck exams, medications, and bandaging and/or additional surgery due to complications.
- * I agree to comply with the aftercare instructions and understand not doing so will increase the risk to my pet.
- * We are closed to the public on the following holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.
- * Our business hours are Monday-Friday 7am-7pm, Saturdays 7am-5pm and Sundays 7am-12noon. There is NO overnight staffing.
- * Please be aware that Suburban Animal Hospital enforces a 24 hour cancelation policy for all scheduled appointments, surgeries, and grooming. Failure to do so will result in a \$50.00 fee.
- * I understand that a deposit of 50% is required before services are preformed and I assume full financial responsibility for all charges incurred by my pet.
- * I agree and understand that my account is subject to audit and I will be responsible for any additional fees found during an audit for treatments performed during my pet(s) visit.
- * In case of non-payment, I am aware that I will be charged by Suburban Animal Hospital, the actual cost of collection, including, but not limited to attorney's fees, court costs, plus interest and administrative fees in addition to the amount owed for services.
- * I have read and understand the terms and conditions in this document and am aware that it will apply to future visits.

Signature of Owner

Date

No new Pets

FELINE

CANINE

Pet's Name: _____ Breed: _____

Birthdate: _____ Sex: _____ Neutered/Spayed

Color: _____ Microchip/Tattoo: _____

FELINE

CANINE

Pet's Name: _____ Breed: _____

Birthdate: _____ Sex: _____ Neutered/Spayed

Color: _____ Microchip/Tattoo: _____

FELINE

CANINE

Pet's Name: _____ Breed: _____

Birthdate: _____ Sex: _____ Neutered/Spayed

Color: _____ Microchip/Tattoo: _____

FELINE

CANINE

Pet's Name: _____ Breed: _____

Birthdate: _____ Sex: _____ Neutered/Spayed

Color: _____ Microchip/Tattoo: _____

FELINE

CANINE

Pet's Name: _____ Breed: _____

Birthdate: _____ Sex: _____ Neutered/Spayed

Color: _____ Microchip/Tattoo: _____