

Alaska Veterinary Clinic
Client Registration/Information Update Form

Owner Name, Last: _____ First: _____ Middle Initial: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Cell: _____

Work Phone Number: _____ Employer: _____

Email Address: _____

DOB: _____ / _____ / _____ Drivers License: _____

Co-Owner/Spouse, Last: _____ First: _____

Co-Owner/Spouse Phone Number: _____

How Did You Hear About Us? (Please circle) **Website** **Facebook** **Radio** **Friend**

If you were referred by a friend, who referred you? _____

Are you or your significant other Active Service in the U.S. Military? (Must provide ID) **Yes** **No**

Please circle preferred method of payment: **Cash** **Check** **VISA/MC** **AMEX/Discover** **Care Credit**

Payment Policy: Payment for All Fees Incurred are Due in Full at the Time Services are Rendered. Estimates/Treatment Plans are available upon client request. A deposit is required for all new client appointments and is non-refundable if cancelled within 24 hours or the appointment is missed. A deposit is required for all anesthetic procedures and is non-refundable if cancelled within 24 hours or the appointment is missed. All other appointments may be subject to a cancellation fee.

Veterinarian-Client-Patient-Relationship (V-C-P-R): The V-C-P-R forms a foundation of understanding between the veterinarian and yourself, regarding the care of your pet(s). A V-C-P-R requires a veterinarian to assume responsibility for providing care for the patient, and the client has agreed to follow the veterinarian's instructions. The veterinarian must have recently physically examined the patient and be personally acquainted with the keeping and care of the patient in order to provide medical treatment(s) and/or dispense prescription medications.

Client Authorization: I hereby wish to establish a V-C-P-R with the attending veterinarian(s) of the Alaska Veterinary Clinic and agree to the above terms of service. **By signing this form, I affirm that I am the legal owner (or agent acting on behalf of the owner) and agree to assume all legal and financial responsibility for the patient being presented for veterinary care.**

Signature of Owner/Agent: _____ Date: _____