Client Registration

Governors Avenue Animal Hospital

1008 S. Governors Avenue • Dover DE 19904 (302)734-5588 • www.gaahde.com



Primary Owner

First Name		Last Name		
Address			City	
State	Zip	Phone (daytime)		Home / Mobile / Work
Employer				Home /Mobile / Work (circle)
E-mail Address	ike to receive reminders, health aler	rts and periodic bulletins from Governors Avenue Ar	nimal Hospital.	
Spouse/Co-Owne	r			
First Name		(If different from primary owner)		
Address		(If unreferent noise primary owner)		
State	Zip	Phone(daytime)		Home / Mobile / Work (circle)_
Employer		Phone(evening)		Home / Mobile / Work (circle)
Emergency Conta Someone we may call if we cannot conta First Name	act the owner in the event of an emer	ergency		
Address		City	State	Zip
Phone (daytime)	H	lome /Mobile /Work Phone(evenin (circle)	g)	Home / Mobile / Work (circle)
Please let u	us know how you	heard about Governors A	Avenue Animal	Hospital
□ Individual- Someon	e we may thank?			
☐ Yellow Pages	Humane S	-	Sign 🗌 Social M	
U Website <i>I</i> Internet	Local V	Veterinarian Other:		

Notices

Payment is due at the time services are rendered. Balances not paid in full will be subject to additional collection fees and/or attorney fees incurred in the collection process. Returned checks submitted to Check Marc USA, processing fees will be incurred.

Unless directed otherwise, Governors Avenue Animal Hospital, its representatives and employees reserves the right to take photographs of clients and their pets, and to copyright, use and publish the same in print and/or electronically for the purposes of publicity, illustration, advertising, and Web content.

Print Name

_____Signature ______

Date

Governors Avenue Animal Hospital does not provide 24 hour supervision.