

Welcome

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any question you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Thank you!

Registration

Owner _____

Address _____

City/ State/ Zip _____

Home Phone _____ Work Phone _____

Cell/ Mobile _____ Employer _____

Social Security # _____ Birth-Date (Human) _____

Driver's License or ID Card # _____ ****Required****

Email _____

Whom may we thank for referring you to our clinic? _____

Spouse _____ Cell/ Mobile _____

Social Security # _____ Birth-Date _____

Work Phone _____ Employer _____

Emergency Contact Name _____ Phone _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of this animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatments.

Signature _____ Date _____

We accept Visa, Mastercard, Discover, American Express, Care Credit and Debit only.

Payments are due at time of Services Rendered.

Interest charges of 5% will be applied to accounts over 30 days past due. Thank You.