

CLIENT INFORMATION / REGISTRATION

PLEASE PRINT

OWNER'S NAME _____

MAILING ADDRESS _____ CITY _____

STATE _____ ZIP _____

PHYSICAL ADDRESS(IF DIFFERENT) _____

DRIVER'S LICENSE NUMBER _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

EMPLOYER/OCCUPATION _____ WORK PHONE _____

BUSINESS ADDRESS _____

PARENT OR SPOUSE (PLEASE SPECIFY) _____ CELL _____

EMPLOYER/OCCUPATION _____ WORK PHONE _____

ADDRESS _____

HOW DID YOU BECOME AWARE OF OUR CLINIC?

____ REFERRAL(by whom) _____

____ SIGN _____

____ YELLOW PAGES _____

____ OTHER _____

METHOD OF PAYMENT:

____ CASH ____ CHECK ____ CREDIT/DEBIT CARD ____ CARE CREDIT

DO YOU GIVE US PERMISSION TO USE PICTURES OF YOUR ANIMAL ON OUR WEB PAGES? ____ YES ____ NO

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICE. PAYMENT IN FULL IS EXPECTED WHEN TREATMENT IS PERFORMED OR ANIMAL IS DISCHARGED. IN CASE OF EMERGENCY HOSPITALIZATION, DEPOSIT MUST BE MADE WITH THE RECEPTIONIST. ON YOUR REQUEST WE WILL PROVIDE YOU WITH A WRITTEN ESTIMATE OF FEES BEFORE CARE IS PROVIDED.

A FINANCE CHARGE WILL BE ADDED TO YOUR ACCOUNT FOR ANY UNPAID CHARGES AFTER 30 DAYS. THE FINANCE CHARGE WILL BE COMPUTED AT A PERIOD RATE OF 1.50% PER MONTH, WHICH IS THE ANNUAL PERCENTAGE RATE OF 18%. THE MINIMUM CHARGE WILL BE \$2.00. ANY ADDITIONAL CHARGES DUE TO COLLECTION OF THIS ACCOUNT SUCH AS COURT COST, ATTORNEY FEES, ETC., WILL BE BILLED TO YOU. BY SIGNING YOU ASSUME ALL RESPONSIBILITY OF ALL CHARGES ON THIS ACCOUNT.

SIGNATURE OF OWNER _____ DATE _____

SIGNATURE OF PERSON PRESENTING THIS ANIMAL FOR TREATMENT IF OTHER THEN OWNER _____ DATE _____