

WELCOME TO

Our Animal Hospital

CLIENT REGISTRATION

Owner _____ Spouse _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Spouse's Work Phone _____

Employer _____ Spouse's Employer _____

Email Address _____ (For internal use only)

How did you hear about us? Yellow Pages Internet Drive By Referral

Whom may we thank for the referral? _____

Payment is expected at the time of service. Please check your method of payment.

Check Cash Credit Card Debit Card

All returned checks are subject to a \$25.00 fee. Accounts turned over to collections are subject to any additional fees and charges.

In the event that my pet(s) records, including radiographs and lab work, should need to be released, I authorize the staff of this animal hospital to do so.

Signature of Owner or Responsible Party

Date