

Client Information

Registration

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

(Put a star by the number you prefer to be called at)

E-mail _____

(we use your email for reminders and notifications regarding your pet's health)

SSN or Driver's License # _____

Employer Name and Address _____

Case of **Emergency**, Please Call _____

Pet Information

Pet's Name _____ Date of Birth/ Age _____

Type of Animal (circle one)

Dog Cat Other _____

Sex (circle appropriate description)

Male Neutered

Female Spayed

Breed _____ Color _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all the charges incurred in the care of the animal. I understand that responsibility for the payment for services provided in this office, is mine due and payable at the time services are rendered unless prior financial arrangements have been made. I further understand that a finance charge of 1.5% monthly which equates to 18% interest annually will be charged to any balance over 30 days past due. Also a \$3.00 monthly billing fee will be added to accounts over 30 days past due. In the event that the account is overdue I promise to pay court costs and reasonable attorney fees in order to collect the balance.

Signature of Owner/Agent _____ Date _____

Office Use Only

Indoor Outdoor Both Groom Board Neither On Heartworm Px Y N Last Test

Hunting Dog Contact with Wild Animals Catches Mice or Birds Travel/Florida in Winter

Past or Current Health Problems