

New Client Registration & Pet Information

Owner's Name _____ Phone _____ Cell _____

Spouse's Name _____ Phone/cell _____

Address _____ City _____ State _____ Zip _____

E-mail address _____ Sign up for text messages/mobile alerts? YES NO

Driver's License # _____ STATE _____ EXP. _____

How did you hear about our clinic?: _____

Name of Pet #1: _____ Male / Female (circle one) Spayed/Neutered/Intact (circle one)

Dog/Cat/Rabbit/Bird/Ferret/Reptile/Rodent/Fish/other

Breed: _____ Color: _____ Species(if exotic) _____

Birth Date/Age: _____ Microchip Number: _____

Vaccination History (provide dates if known)

Distemper _____ Rabies _____ Bordetella _____ Leukemia _____ Heartworm Test _____

Name of Pet #2: _____ Male / Female (circle one) Spayed/Neutered/Intact (circle one)

Dog/Cat/Rabbit/Bird/Ferret/Reptile/Rodent/Fish/other

Breed: _____ Color: _____ Species(if exotic) _____

Birth Date/Age: _____ Microchip Number: _____

Vaccination History (provide dates if known)

Distemper _____ Rabies _____ Bordetella _____ Leukemia _____ Heartworm Test _____

Name of Pet #3: _____ Male / Female (circle one) Spayed/Neutered/Intact (circle one)

Dog/Cat/Rabbit/Bird/Ferret/Reptile/Rodent/Fish/other

Breed: _____ Color: _____ Species(if exotic) _____

Birth Date/Age: _____ Microchip Number: _____

Vaccination History (provide dates if known)

Distemper _____ Rabies _____ Bordetella _____ Leukemia _____ Heartworm Test _____

**** PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED ** We accept cash, in-state checks, Visa, Mastercard, and Care Credit.**

I, the undersigned owner or authorized agent of the above admitted patient, hereby authorize the doctors of Country Club Veterinary Clinic to administer such treatment as is necessary and to perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I also assume financial responsibility for all charges incurred, and agree to pay all such charges at the time of release. I understand that unpaid balances over 30 days are subject to a **monthly 1.5% (18% APY) finance charge**. Any balance that I leave unpaid will be forwarded to our collection agency, and will incur a **25% collection fee** for which I am liable, in addition to monthly finance charges. There will be a **\$35 fee** charged for any check that is returned. At your request we will gladly discuss cost of services and/or prepare a written estimate of recommended procedures/treatments. **Deposits may be required for pets being admitted into the hospital.**

Signature of owner/agent _____ Print Name _____ Date _____

Signature of Witness _____ Print Name _____ Date _____