New Client Registration & Pet Information

Owner's Name	Phone		Cell		
Spouse's Name	Phone/cell_				
Address	City		State	Zip	
E-mail address					
Driver's License #	STATE	EXP			
How did you hear about our clinic?:					
Name of Pet #1:	Male / Fema	le (circle one) Spayed/Neute	ered/Intact (circ	cle one)	
Dog/Cat/Rabbit/Bird/Ferret/Reptile/Rodent/	Fish/other				
Breed:	Color:	Species(if exo	tic)		
Birth Date/Age:	Microchip Number:				
Vaccination History (provide dates if known	own)				
DistemperRabies	Bordetella	Leukemia	Heartwo	orm Test	
Name of Pet #2:	Male / Fema	le (circle one) Spayed/Neute	ered/Intact (circ	cle one)	
Dog/Cat/Rabbit/Bird/Ferret/Reptile/Rodent/	Fish/other				
Breed:	Color:	Species(if exo	tic)		
Birth Date/Age:	Microchip Number:				
Vaccination History (provide dates if known	own)				
DistemperRabies	Bordetella	Leukemia	Heartwo	orm Test	
Name of Pet #3:	Male / Fema	le (circle one) Spayed/Neute	ered/Intact (circ	cle one)	
Dog/Cat/Rabbit/Bird/Ferret/Reptile/Rodent/	Fish/other				
Breed:	Color:	Species(if exo	tic)		
Birth Date/Age:	Microchip Number:				
Vaccination History (provide dates if known	own)				
DistemperRabies	Bordetella	Leukemia	Heartwo	orm Test	
** PAYMENT IS EXPECTED AT THE TIME	SERVICES ARE RENDERED) ** We accept cash, in-s	state checks, \	Visa, Mastercard, and Care	Credit.
I, the undersigned owner or authorized ag treatment as is necessary and to perform made. I also assume financial responsibilit over 30 days are subject to a monthly 1.5 incur a 25% collection fee for which I am request we will gladly discuss cost of servibeing admitted into the hospital.	procedures therapeutically an y for all charges incurred, and a 5% (18% APY) finance charge liable, in addition to monthly fir	d/or diagnostically. I further agree to pay all such charge: a. Any balance that I leave wance charges. There will be	understand the sat the time of unpaid will be to a \$35 fee cha	nat no guarantee of success f release. I understand that u forwarded to our collection a arged for any check that is re	sful treatment is unpaid balances agency, and will eturned. At your
Signature of owner/agent		Print Name		Date	
Signature of Witness		Print Name		Date	