

CLIENT REGISTRATION FORM

DATE: _____

OWNER INFORMATION:

NAME: _____ SPOUSE/OTHER: _____

ADDRESS:

STREET _____ APT# _____

CITY _____ STATE _____ ZIP _____

TELEPHONE:

Home#: _____ Cell#: _____ Spouse#: _____

EMPLOYER NAME & ADDRESS: _____

Work#: _____

I prefer to receive Reminder Notifications via:

Text at _____ OR by Email at _____

PET INFORMATION:

PET NAME: _____

PET NAME: _____

DATE OF BIRTH _____ or Age _____

DATE OF BIRTH _____ or Age _____

DOG _____ CAT _____ OTHER _____

DOG _____ CAT _____ OTHER _____

BREED _____ COLOR _____

BREED _____ COLOR _____

MALE _____ NEUTERED _____

MALE _____ NEUTERED _____

FEMALE _____ SPAYED _____

FEMALE _____ SPAYED _____

Date of Last Vaccinations: _____ **Name of Animal Hospital:** _____

HAS YOUR PET BEEN TREATED FOR ANY ILLNESS IN THE PAST YEAR? YES _____ NO _____

SPECIFY PROBLEM (S), MEDICATION AND DOSAGE IF KNOWN: _____

HOW DID YOU FIRST HEAR OF US? YELLOW PAGES _____ SIGN _____ OTHER _____

(If referred) INDIVIDUAL WE MAY THANK? _____

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR TREATMENT. A LATE CHARGE IS APPLIED TO ALL ACCOUNTS UNPAID AFTER 30 DAYS. LATE CHARGE IS COMPUTED BY A PERIODIC RATE OF 1.50% PER MONTH, WHICH IS THE ANNUAL PERCENTAGE OF 18.00% MINIMUM CHARGE \$0.50. I WILL PAY ANY AND ALL COLLECTION AGENCY FEES, COURT COSTS AND/OR ATTORNEY'S FEES INCURRED IN THE COLLECTION OF MY ACCOUNT.

OWNER/RESPONSIBLE PARTY (SIGNATURE) _____

DRIVERS LICENSE NUMBER _____ STATE _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____