



Registration Form

Owner/Primary Contact: Last Name			First	Middle
Spouse/Co-Owner: Last Name			First	Middle
Home Street Address:				
City		State		Zip
Primary Phone Number		Secondary Phone Number		Additional Phone Number
Driver's License Number/State			Email Address	
Employer Address City State Zip				
In case of Emergency, list an alternative contact person and phone number				
Referred By:			Pet Insurance:	
Pet Name		Species		Breed
Circle: Male Intact Female Intact Male Castrated Female Spay		Color		Date of Birth (mm/YYYY) /
List of Known Allergies (Food/Medication) and Previously Medical/Surgical Conditions				
How Did You Hear About Us: (Circle all that apply) Website Website search Yellow Pages Drive-by Friend or Family Social Media Other				
ALL FIELDS MUST BE COMPLETED FOR ADMISSION				
<p>I certify that I am over the age of 18 years and am the legal owner or authorized agent of the legal owner of the pet being presented for veterinary medical care. I understand and agree that all above information is accurate to the best of my knowledge. I understand by signing this document I am responsible for all the fees related to service and treatment. I understand that all fees are due up [on release of the pet unless specific arrangements are made with hospital management before discharge. I understand that any balance not paid within five days of the release date will be considered late and will incur a late fee of 10% of the balance due. The late fee will be charged of the first of every month thereafter, until the balance and all fees have been paid in full. When paying with a check, all dishonored checks, plus a processing fee with applicable taxes, may be electronically debited from the account.</p> <p>Payment Options: Cash, Master Card/Visa/American Express, Check (must be approved through Certegy) of Financing through Care Credit</p> <p>An appointment is required to discharge your pet from the hospital</p>				
X _____				
Signature		Print Name		Date