

THE VETS ANIMAL HOSPITAL
CLIENT REGISTRATION FORM

DATE _____

CCS _____

CLIENT INFORMATION:

LAST NAME _____ FIRST _____ TITLE _____

SPOUSE _____ DL # _____ (FOR CHECKS)

KIDS NAMES AND AGES _____

MAILING ADDRESS

ZIP _____ CITY _____ STATE _____ COUNTY _____

EMPLOYER _____ PHONE _____

BEST CONTACT NUMBER 1) _____ 2) _____

WHAT TIME OF DAY IS BEST TO REACH YOU? MORNING _____ AFTERNOON _____ EVENING _____

EMAIL IS THE MAIN FORM OF COMMUNICATION FOR REMINDERS. YOUR EMAIL WILL NOT BE SHARED.

E-MAIL ADDRESS

HOW DID YOU HEAR ABOUT US? INTERNET ___ DRIVE BY ___ WEBSITE ___ ONLINE REVIEW SITE ___

REFERRAL ___ WHO MAY WE THANK FOR REFERRING YOU? _____

IN CASE OF EMERGENCY, IF YOU ARE NOT AVAILABLE, WHO SHOULD WE CONTACT?

NAME _____ PHONE _____ RELATION _____

PRIOR VET CLINIC: _____

PET INFORMATION:

NAME _____ SPECIES _____ BREED _____

DOB _____ COLOR _____ MICROCHIP YES ___ NO ___ NOT SURE ___

SEX: (please circle) Male / Female NEUTERED or SPAYED: Yes / No

NAME _____ SPECIES _____ BREED _____

DOB _____ COLOR _____ MICROCHIP YES ___ NO ___ NOT SURE ___

SEX: (please circle) Male / Female NEUTERED or SPAYED: Yes / No

NAME _____ SPECIES _____ BREED _____

DOB _____ COLOR _____ MICROCHIP YES ___ NO ___ NOT SURE ___

SEX: (please circle) Male / Female NEUTERED or SPAYED: Yes / No

SOCIAL MEDIA AUTHORIZATION: I AUTHORIZE THE VETS ANIMAL HOSPITAL, LLC TO USE PHOTOS OF MY PETS ON SOCIAL MEDIA FOR EDUCATIONAL, MARKETING OR ENTERTAINMENT PURPOSES. YES ___ NO ___

PAYMENT POLICY

PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK, CARE CREDIT AND ALL MAJOR CREDIT CARDS. PLEASE FEEL FREE TO ASK FOR A TREATMENT PLAN PRIOR TO RECEIVING SERVICES. A fee of 18% (minimum \$5.00) will be added to all accounts over 60 days past due.

I AM AT LEAST **18 YEARS OF AGE**, AND WILL BE FINANCIALLY RESPONSIBLE FOR ANY CHARGES INCURRED FOR THE CARE OF MY PETS.

SIGNATURE _____ **DATE** _____

THANK YOU FOR CHOOSING US! WE LOOK FORWARD TO WORKING WITH YOU AND CARING FOR THE NEEDS OF YOUR ANIMAL FRIENDS.