



REGISTRATION

Date: ___/___/___ If referred, whom may we thank: _____

Name: _____ Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Employer's Name:

Work Telephone #: _____

Drivers's License Number: _____ - _____ - _____

Expiration Date _____ State _____

Height: _____ Weight: _____ DOB: _____

Eyes: _____ Hair: _____

=====

Pet Name: _____ Breed: _____ Color: _____

Pet Age: _____ Sex: ___ Spayed/Neutered: _____

Known Allergies: _____

Previous Vet.: _____

Known Medical Problems: _____

Pet Name: _____ Breed: _____ Color: _____

Pet Age: _____ Sex: ___ Spayed/Neutered: _____

Known Allergies: _____

Previous Vet.: _____

Known Medical Problems: _____

PLEASE CONTINUE ON BACK: SIGNATURE IS REQUIRED BEFORE ANY TREATMENT IS GIVEN.

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 surgical treatment. Owner or responsible party must be 18 or older to legally sign.

I further understand that any balance left owing is subject to 2.0% per month (24% annual) of unpaid balance or \$3.00 (which ever is greater) as a service fee. Also, I am responsible for any legal fees incurred in the collection of any unpaid debt. There will be a fee for holding any post-dated checks (below \$100.00 there will be a \$5.00 fee, from \$100.00 - \$199.00 there will be a \$10.00 fee, for any check over this amount there will be a \$25.00 fee). I agree to pay any bank fees incurred for a returned check as well as a \$25.00 office fee for a returned check. Any credit arrangements must be made in advance of procedures done and a credit application must be filled out and approved. Failure to pay promptly will result in all discounts given being denied and charged back to the outstanding bill.

I have read and understand this form and agree to all contents thereof.

Owner or Responsible Party: _____
Date: _____