



## 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: \_\_\_\_\_

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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: \_\_\_\_\_