**Client Registration Form**

**Owner’s Name**

**Street Address**

**Occupation**

**Employer**

**Driver’s License #**

**Social Security #**

**Spouse’s Cell #**

**Spouse’s Name**

**City, State, Zip**

**Home Phone #**

**Work Phone #**

**Cell Phone #**

**Date of Birth**

**Email Address**

**Were you referred to Our Hospital? If so, by whom?**

**Payment Policy**

**All professional fees are to be paid for at the completion of services. Payment for services may be paid in cash, check, or credit cards. The bill for each visit must be paid in full at the end of the visit or when the pet is sent home. If you feel payment may be a problem, please ask the doctor or the assistant for an estimate before treatment is performed. Deposits are required for animals that are hospitalized. By signing below, I agree and understand this policy and accept responsibility for payment of the bill acquired.**

**Owner’s Signature:**

 **Date:**