



Client Registration Form

_____ Owner's Name	_____ Spouse's Name
_____ Street Address	_____ City, State, Zip
_____ Occupation	_____ Home Phone#
_____ Employer	_____ Work Phone #
_____ Driver's License #	_____ Cell Phone#
_____ Social Security #	_____ Date Of Birth
_____ Spouse's Cell #	_____ 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_____