CORAM ANIMAL CLINIC
NEW CLIENT REGISTRATION FORM

HOW DID YOU HEAR ABOUT CORAM ANIMAL CLINIC?

ANOTHER CLIENT_____ ☐

INTERNET SEARCH ENGINE ☐

YELLOW PAGES/YELLOW BOOK ☐

CLIENT NAME: _____
(Must be 18 years of age or older)

ADDRESS: _____

_____ZIP:_____

HOME PHONE: (____)_____ WORK PHONE: (____)_____

CELL PHONE: (____)_____ E-MAIL ADDRESS_____

EMPLOYER'S NAME AND ADDRESS_____

SPOUSE'S NAME: _____CELL PHONE:(___)_____

PET'S NAME: _____ SPECIES:_____

BREED: _____AGE:_____D.O.B:_____

COLOR:_____ SEX:_____ SPAYED/NEUTERED:_____

FEE: I understand that I can receive a written estimate if I request one. I understand that the final fee will be based on actual services rendered & may differ from the estimate given. I agree to pay the full amount due at the time services are rendered or upon animal's discharge from the hospital. If I fail to pay & my account goes into collection, I realize that I am responsible not only for my original bill but for any collection or legal fees incurred.

Signature of Owner or Authorized Agent: _____