



VILLAGE VETERINARY

Client Registration

➤➤➤ TODAY'S DATE: _____

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Mr., Mrs., Ms, Dr.	Last Name	First Name	Middle Initial

Local Street Address	City	State	Zip	Home Phone	Cell Phone
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➤➤➤ DO YOU LIVE IN **PALM BEACH OR MARTIN COUNTY**

	City	State	Zip
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Seasonal Street Address (if applicable)
How long have you resided in Florida? _____

	City	State	Zip	Office Phone	Fax Number
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Seasonal Veterinarian (if applicable)

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E-mail Address (We would like your e-mail address to send you vaccine/exam reminders for your pets, to establish your personal Pet Portal, and for Village Vet correspondence, special events and veterinary promotions.)

	City	Work Phone Number
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Your Place of Employment

	State of Issue	Social Security Number (if writing checks)
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Your Driver's License Number (if writing checks)

	Relation	Home Phone	Cell Phone
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Co-Owner(s)

	City	Work Phone Number
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Co-Owner's Place of Employment

	State of Issue	Social Security Number (if writing checks)
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Co-Owner's Driver's License Number (if writing checks)

We expect payment for our services at the time they are rendered. We accept cash, checks, all major credit cards, and Care Credit Payment Plan. If you anticipate any difficulties with payment, please discuss this with our staff BEFORE we begin treatment. Unpaid balances over 30 days are subject to 18% interest. There will be a fee of \$50 for any missed surgical appointment that is not canceled at least 24 hours in advance. Thank you for your understanding and cooperation. Welcome to our family!

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➤➤➤ Owner/Co-Owner Signatures ➤➤➤ DATE ➤➤➤ Whom May We Thank for Referring You to Us?