



**CLEVELAND PARK ANIMAL HOSPITAL**  
 CLIENT REGISTRATION FORM  
 (Clients must be at least 18 years old)

Client Full Name (please print): \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Work #: \_\_\_\_\_ Spouse Cell #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Email Address: \_\_\_\_\_ (used for your pets' website portal, emails & vaccine reminders)

**PET #1**

Circle one:    Cat       Dog       Horse       Goat       Cow       Pig       Other  
 Pet's Name \_\_\_\_\_ Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_  
 Breed \_\_\_\_\_ Color \_\_\_\_\_ DOB \_\_\_\_\_ or approx. Age \_\_\_\_\_

**(attach copy of vaccination records)**

**PET #2**

Circle one:    Cat       Dog       Horse       Goat       Cow       Pig       Other  
 Pet's Name \_\_\_\_\_ Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_  
 Breed \_\_\_\_\_ Color \_\_\_\_\_ DOB \_\_\_\_\_ or approx. Age \_\_\_\_\_

**(attach copy of vaccination records)**

*Who should we thank for introducing you to our practice?*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Client _____           | <input type="checkbox"/> Employee _____           | <input type="checkbox"/> Internet Search / Website |
| <input type="checkbox"/> Client Education Class | <input type="checkbox"/> Community Event          | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Open House Event       | <input type="checkbox"/> Phone Book Advertisement |  |

*I understand and agree to the fact that it is a policy of this animal hospital to receive full payment at the time services are rendered. We accept Visa, MC, American Express, Discover, Checks, Cash & Care Credit.*

*We promptly prosecute for unpaid NSF checks. Cleveland Park Animal Hospital charges an interest rate of 1.5% (with a minimum of \$5) on any unpaid balance at the end of each month. Cleveland Park Animal Hospital may seek additional assistance for collections of unpaid accounts at the client's expense. Additional collections fees may be applied to delinquent accounts.*

*I am at least 18 years of age and accept full financial responsibility for the care of my pets. I understand that I will be held accountable for any/all charges incurred on this account.*

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_