

CLIENT REGISTRATION

Thank you for choosing our animal hospital. We pride ourselves on offering high quality medical care and emphasize preventive medicine. We look forward to serving you and caring for your pet's needs for many years to come. Please complete this form so we can accurately enter this information into our files. To register with us, you **must** be **at least 18 years of age AND** provide a **current** photo ID, such as a **Driver's License** or **State ID**.

CLIENT INFORMATION

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Cell/Work # _____ Spouse's Cell/Work # _____

Place of Employment _____ Best Time to Reach You _____

Driver's License or State ID # _____

Email Address (used for internal purposes only; i.e., reminders, specials, and other patient care notifications)

Alternate Emergency Contact Person _____ Emergency Phone # _____

Please Keep In Mind All Fees Are Due At Time Services Are Rendered

Please indicate choice of payment: Cash/Check* (Please review check cashing policy)

Visa MasterCard AMEX Discover Care Credit

How did you become aware of our hospital?

Newspaper Yellow Pages Client (who should we thank?) _____ Other (please specify) _____

*We pledge to do our very best to care for your pet's health at each visit. In return we ask you to accept the responsibility for charges incurred each visit in the treatment of your pet(s) and accept that **payment is due when services are rendered**. Please feel free to ask for an **Estimate** prior to services being provided. We will be happy to answer your questions. **Agreement Terms:** Balances due over 30 days will be assessed a **2% monthly interest charge** (24% APR). Checks returned for non-sufficient funds will be charged **\$30 or 10% returned check fee** (whichever is higher). Additional **collection fees including attorney's fees** will be charged if your past-due account is sent to Collections or Small Claims Court, **at a minimum of 33% of the balance, unpaid balances will be subject to billing & finance charges until balance is paid in full.***

Client Agreement & Signature: _____ Date: _____

We participate in The Bad Check Restitution Program Sponsored by Cook County State's Attorney Anita Alvarez