



## Client Registration

Primary Owner Name: \_\_\_\_\_

Primary Owners Phone: \_\_\_\_\_ Cell: Y N Home Phone: \_\_\_\_\_

Secondary Owner Name: \_\_\_\_\_

Secondary Owner Phone: \_\_\_\_\_ Cell: Y N

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Please print neatly

*\*E-mail address and cell phone numbers are used for appointment confirmations and pet health service due reminders through our Pet Partner App program – ask a staff member for more details!*

Please tell us how you heard about our practice: \_\_\_\_\_

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**\*Please list below anyone else authorized to make veterinary service arrangements for your pets and include their phone numbers.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship/Phone: \_\_\_\_\_ Relationship/Phone: \_\_\_\_\_

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### Payment Arrangements and Policy

Professional fees are required at the time of service. We accept personal checks (with a valid driver's license and date of birth), cash, and most major credit cards. Financial arrangements may be made in emergency cases where surgery or hospitalization is required.

I understand that responsibility for payment for services provided in this office is mine, due and payable at the time of service. I further understand that a finance charge of 21% annually will be added to balances over 30 days. In the event of default, I agree to pay interest in the indebtedness, together with reasonable attorney fees and up to an additional 100% of the balance added for collection costs as will be required to effect collection of this account.

Driver's License Number and State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Pet Insurance: Yes No

Signature of Owner: \_\_\_\_\_

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