



CLIENT INFORMATION FORM

Hello! We are glad you're here!

DATE: _____

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs by completing this registration form.

Mrs. ___ Mr. ___ Ms. ___ Dr. ___

Name: _____
(Last) (First)

Spouse / Other Name: _____
(Last) (First)

Address: _____

Apartment #: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: Preferred: _____ **Work:** _____
Home: _____ **Spouse / Other :** _____
Cell: _____

Email: _____
(for appointment reminders and to receive your pet's testing results)

Employers Name and Address: _____

Spouse/Other's Employer: _____

Driver's License No. _____ **State Issued:** _____ **Social Security Number:** _____

How did you hear about us? _____
If referred by a friend, include their name so we can thank them _____

All professional fees and payment for any goods or services are due at time of service. Our office does not do any billing of accounts. We accept Care Credit as a form of payment. Please ask if you have any questions prior to your appointment.

Deposits are required for most services or procedures.

If your account has a balance, a service charge of 1 ½ % per month (18% annually, \$1.00 minimum) will be added to your account. If your account is sent to our Collection Agency, you will be responsible for any and all fees, including attorney and court cost.

I have read and agree to all terms before mentioned:

Signed: _____ **Date:** _____