



# REGISTRATION

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DL# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_

What is the best number to contact you? Home  Cell  Work

Spouse/Co-Owner \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Regular Veterinary Clinic \_\_\_\_\_ Referred By \_\_\_\_\_

## AUTHORIZATION

I/We understand every effort will be made to achieve a successful outcome and to provide all possible safety in hospital care and handling. I/We agree to pay fees for all services rendered at the time the pet is discharged from the hospital. I/We agree to pay for the reasonable costs of the collection, attorney fees and court costs in the event that collection efforts become necessary. Unpaid accounts will be charged a 1.5% finance charge per month until balance is paid in full.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Owner \_\_\_\_\_ Date \_\_\_\_\_