

Client Registration

Welcome to our practice! Thank you for giving Animal Medical Clinic the opportunity to care for your pet. So that we can get to know you and in case we need to reach you, please complete the following:

Name: _____ Spouse/Co-owner's Name: _____

Social Security# _____ Social Security# _____

Children living at home (names & ages): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Spouse Employer: _____

e-mail(s): _____

If necessary, may we call you at work? Y N; Number(s): _____

PET'S NAME: _____ DATE OF BIRTH: _____ M F ALTERED: _____

BREED: _____ COLOR: _____ LAST VETERINARIAN: _____

How did you learn about Animal Medical Clinic? Sign Yellow Pages Internet Other _____

Personal Recommendation – Whom may we thank? _____

Fees for all services, medications, and products are due as they are performed. We require a deposit when your pet is admitted for major medical, trauma, or surgical care and when hospitalized. Please check the method of payment you will be using today:

Cash Check* Debit Card Visa MasterCard Discover ***We use electronic verification for checks. All checks are processed electronically immediately as we receive them. For your convenience, and to save you a paper check, you might prefer to use your check/debit card. A driver's license, phone number and date of birth are required on ALL paper checks. A minimum returned check fee of \$30 will apply for all returned checks other processing fees may occur.**

Drivers License#: _____ EXP: _____ State: _____ Date of Birth: _____

To help us respond to your individual needs, please check one in each of the three sections below which most applies to you:

1. I feel that my pet is another member of our family

2. I feel that my pet is just a pet

1. I want the best medical care available for my pet; please recommend anything that you believe is beneficial for my pets optimal health.

2. I want good medical care for my pet, but there is a limit to what I am able to do.

3. I want you to do only the services that I request.

1. I feel my pet should be thoroughly examined by a veterinarian at least once a year.

2. I feel my pet only needs to be examined by a veterinarian when there is a problem.

I assume responsibility for all the charges incurred in the care of this animal. I also understand that these charges MUST BE PAID IN FULL AT THE TIME OF RELEASE and that a deposit may be required for treatment.

Signature: _____ Date: _____