

NEW CLIENT REGISTRATION FORM

Owner's Name _____

Address _____ City _____ State _____

Zip Code _____ Home Telephone _____ Cellphone Number _____

Employer _____ Occupation _____

Employer's Address _____ Work Telephone _____

Spouse/Co-owner's Name _____ Cellphone Number _____

Spouse/Co-owner's Employer _____ Work Telephone _____

In case of EMERGENCY, nearest friend or relative (not living at same address)

_____ Telephone _____

How did you hear about us? (Please circle one) Phone book Drive-by Friend

If a friend referred you, whom may we thank for your referral? _____

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PET NO. 1

Pet's Name _____ Birth Date _____ Species: Cat ___ Dog ___ Other _____

Breed _____ Color _____ Sex: M F Neutered: Y N

DOGS: Date Last Distemper/Parvo Vaccination _____ Last Corona Vaccination _____

CATS: Date Last Distemper Vaccination _____ Leukemia _____ FIP _____

Date Last Rabies Vaccination _____ Current Medications _____

PET NO. 2

Pet's Name _____ Birth Date _____ Species: Cat ___ Dog ___ Other _____

Breed _____ Color _____ Sex: M F Neutered: Y N

DOGS: Date Last Distemper/Parvo Vaccination _____ Last Corona Vaccination _____

CATS: Date Last Distemper Vaccination _____ Leukemia _____ FIP _____

Date Last Rabies Vaccination _____ Current Medications _____

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Payment in full is due at the time services are rendered. No credit is extended except by personal arrangement before the services are rendered. If a billing arrangement is made, a \$4.00 billing fee will be added each month to your account. A late fee of \$6.00 will be charged on accounts over 30 days past due. Accounts over 90 days delinquent will be sent to a collection agency.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT.

SIGNATURE _____ **DATE** _____

