



**Client/Patient Registration: ID # \_\_\_\_\_**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(     ) \_\_\_\_\_ Work Phone:(     ) \_\_\_\_\_ Ext: \_\_\_\_\_

Alternate Phone: (     ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Spouse/Co-owner Name: \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ Alt. Phone: (     ) \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Species (circle one):    Dog            Cat            Rodent            Bird            Other: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (circle one):    Male            Female            Neutered Male            Spayed Female

Date of last vaccinations/tests performed: \_\_\_\_\_

Dogs: DHLP (distemper): \_\_\_\_\_ Parvo: \_\_\_\_\_ Lyme: \_\_\_\_\_ Rabies: \_\_\_\_\_

Canine Cough: \_\_\_\_\_ Heartworm Test: \_\_\_\_\_

Cats: FVRCP (distemper): \_\_\_\_\_ FELV (leukemia): \_\_\_\_\_ Rabies: \_\_\_\_\_

Please describe any medical conditions your pet has been diagnosed with: \_\_\_\_\_

### **Financial Policy**

Payment in full is due when services are rendered. We accept cash, check, MasterCard, Visa, and Discover. Hospitalized patients require a 75% deposit at the time of admission, based on an estimate provided upon examination by the veterinarian.

### **Refunds**

Refunds for returned products or overpayment on an account will result in a refund processed by original method of payment. We do not issue cash refunds. Payments made in cash will receive a refund check by mail within 5-7 business days.

**I am the legal owner or the representative of the legal owner of the animal being presented and I am over the age of 18 years.**

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