

CLIENT REGISTRATION



DATE: _____

PHONE {

HOME: () _____

WORK: () _____

MOBILE: () _____

(Please Print)

Name of Owner _____ Spouse _____
Last First

Address: _____
Street City Zip Code

Occupation _____

Employer _____

Employer Address _____
Street City Zip Code

Spouse's Occupation _____

Spouse's Employer _____
Street City Zip Code

Drivers license #: _____

PET'S NAME	PET'S NAME
BREED	BREED
COLOR	COLOR
AGE	AGE
SEX	SEX
BIRTH DATE	BIRTH DATE
NEUTERED	NEUTERED
DATE OF VACCINATION OR BOOSTER:	DATE OF VACCINATION OR BOOSTER:
Rabies _____	Rabies _____
Parvovirus _____	Parvovirus _____
DA2PA _____	DA2PA _____
Distemper _____	Distemper _____
Bordetella _____	Bordetella _____
Corona Virus _____	Corona Virus _____
Lyme _____	Lyme _____
Giardia _____	Giardia _____
FVRCP _____	FVRCP _____
FELV _____	FELV _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED

Payment is PAST DUE 10 days following date of services rendered. A billing charge of \$3.00 per month will be added to past due accounts.

Wherein a CONTRACTUAL PAYMENT AGREEMENT (herein referred to as "contract") is executed, 50% of the transaction total shall be paid at the time of services. Balance is to be satisfied in no more than two (2) payments. Date(s) of said payment(s) will be determined at the time "contract" is signed. There will be a \$3.00 charge for each billing.

A \$25.00 fee will be assessed on each returned check.

Should it be necessary to send your account to our Collection Agency you will be responsible for all fees for services rendered, billing charges, and returned check charges, plus a \$20.00 processing fee.

I accept all financial responsibilities for any pet(s) brought in by the following individuals (including spouse): _____

I accept all financial responsibilities for any medical or non-medical services rendered while any pet(s) listed herein are in the care of Rose City Veterinary Hospital.

Signature of Guarantor or Owner: _____

Signature of Person presenting Pet(s) for treatment, if other than Owner _____

REFERRED BY: _____ PREVIOUS VETERINARY HOSPITAL: _____