

# 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 \_\_\_\_\_