

CLIENT REGISTRATION FORM

CLIENT NUMBER _____ DATE _____
 MR _____
 MRS _____
 MS _____
 DR _____

LAST NAME FIRST NAME MIDDLE INITIAL SPOUSES NAME

ADDRESS _____
 STREET ADDRESS CITY ZIP

PHONES _____
 HOME CELL WORK SPOUSES WORK

WOULD YOU LIKE TO RECEIVE REMINDERS BY EMAIL, REGULAR MAIL OR BOTH? EMAIL ONLY REG MAIL ONLY BOTH
 WOULD YOU LIKE TO RECEIVE HOSPITAL NEWSLETTERS BY EMAIL? YES NO

EMAIL ADDRESS _____

OCCUPATION OR TITLE _____ EMPLOYER _____

SPOUSES OCCUPATION _____ EMPLOYER _____

HOW DID YOU HEAR ABOUT US? PHONE BOOK SAW OUR SIGN FRIEND/RELATIVE WHO? _____
 ANIMAL SHELTER PET STORE WHICH ONE? _____ OTHER _____

MAY WE USE PHOTOS OF YOUR PET(S) ON OUR WEBSITE OR PUBLISHED WITHIN THE HOSPITAL? YES NO

DRIVERS LICENSE # _____ BIRTHDATE _____ SOCIAL SECURITY # _____

PET'S NAME _____	PET'S NAME _____	PET'S NAME _____
BREED _____	BREED _____	BREED _____
COLOR _____	COLOR _____	COLOR _____
SEX _____ SPAYED OR NEUTERED YES NO	SEX _____ SPAYED OR NEUTERED YES NO	SEX _____ SPAYED OR NEUTERED YES NO
BIRTHDAY _____	BIRTHDAY _____	BIRTHDAY _____
PET'S NAME _____	PET'S NAME _____	PET'S NAME _____
BREED _____	BREED _____	BREED _____
COLOR _____	COLOR _____	COLOR _____
SEX _____ SPAYED OR NEUTERED YES NO	SEX _____ SPAYED OR NEUTERED YES NO	SEX _____ SPAYED OR NEUTERED YES NO
BIRTHDAY _____	BIRTHDAY _____	BIRTHDAY _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED. WE CANNOT BILL.
 A DEPOSIT MAY BE REQUIRED FOR ANY PET ADMITTED TO THE HOSPITAL.

DECLARATION: IF MY ACCOUNT SHOULD BECOME DELINQUENT, I AM RESPONSIBLE FOR VALID COLLECTION COSTS & ATTORNEY FEES. A FINACE CHARGE OF 1.5% PER MONTH (OR A \$5.00 MONTHLY SERVICE CHARGE, WHICHEVER IS GREATER) PLUS A \$3.00 MONTHLY BILLING FEE IS DUE ON ALL BALANCES OWED OVER 30 DAYS. MY SIGNATURE INDICATES THAT I UNDERSTAND THESE POLICIES AND AGREE TO THEM.

TALEGA ANIMAL HOSPITAL DOES NOT SELL ANY CLIENT INFORMATION!

SIGNATURE OF OWNER _____