



# WELCOME TO OUR PRACTICE



## CLIENT REGISTRATION

We thank you for the opportunity to provide veterinary care for your pet family member. Please take a few moments to fill out this form as completely as possible.

**Client Name:** *please print all entries*

- Dr.
- Mr.
- Mrs.
- Ms.

### CONTACT INFORMATION

Home Phone:

**Mailing Address:**

street

Work Phone (Self):

city state zip

Work Phone (Spouse/Co-owner):

**Employer:**

Cellular Phone (Self):

**Spouse's/Co-owner's Name:**

Cellular Phone (Spouse/Co-owner):

**Spouse's/Co-owner's Employer:**

**Pet Emergency Contact Name and Number:** (you authorize us to speak to this person about your pet's care in the event we cannot reach you)

*All fees are due at the time services are rendered. If you wish to pay by check, credit card, bank or debit card, please complete the following:*

Driver's License:

**What is your preferred method of contact:**

Exp Date:

**E-mail** (for email reminders and news):

**How did you hear about us?**

**Is there someone we may thank? (client referral)**

**What social media platforms do you use?**

- Facebook
- Twitter
- Pinterest
- Instagram
- LinkedIn
- Google+
- Other \_\_\_\_\_

- Saw Our Hospital / Location
- Google (or other search)
- Yellow Pages (print)
- Facebook
- Online Review Site (Yelp, Angie's List etc.)
- Other \_\_\_\_\_

**Other Information our office should know:**

### FINANCIAL POLICY:

Our office accepts Visa, Mastercard, Discover and Care Credit, along with cash and checks (only with current DL information on file). **Full payment is due at the time of service.** Clients with payment concerns are asked to speak to a Client Service Representative **before** their exam. Our staff is happy to provide any client with a written treatment plan prior to services being rendered. Client will be responsible for a 1.5% monthly finance charge on accounts over 30 days and any collection fees on accounts over 90 days. As of September 1, 2015, we offer 6 months, no interest financing via Care Credit for clients in need a credit plan. No other payment plans are offered at this time. **Your signature below indicates your agreement with this policy.**

### PHOTO CONSENT:

We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media? Simply check below to authorize this:  
\_\_\_ Yes. I authorize CVVH/PTVC to share my pet's photo & story at any time.  
\_\_\_ No. I do not authorize this.

### TREATMENT CONSENT:

I hereby authorize the veterinarian to examine, prescribe for or treat the below-described pet(s) to the best of their abilities. I assume responsibility for all charges incurred in the care of this animal. I acknowledge that medical information will not be released to anyone not indicated on this form without my express permission.

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Welcome sent: \_\_\_\_\_

Registered By: \_\_\_\_\_

(Office Use Only) Client ID: \_\_\_\_\_

<b>P E T # 1</b>	<b>P E T # 2</b>
<b>Pet's Name:</b>	<b>Pet's Name:</b>
<b>Date of Birth or Age:</b>	<b>Date of Birth or Age:</b>
<b>Species:</b> <input type="checkbox"/> <b>Dog</b> <input type="checkbox"/> <b>Cat</b> <input type="checkbox"/> <b>Other</b>	<b>Species:</b> <input type="checkbox"/> <b>Dog</b> <input type="checkbox"/> <b>Cat</b> <input type="checkbox"/> <b>Other</b>
<b>Breed:</b>	<b>Breed:</b>
<b>Sex:</b>	<b>Sex:</b>
<b>Color/Markings:</b>	<b>Color/Markings:</b>
<b>Vaccinations were last given by (clinic name):</b>	<b>Vaccinations were last given by (clinic name):</b>
<b>Date:</b>	<b>Date:</b>
<b>Allergies or Long-term Medical Problems:</b>	<b>Allergies or Long-term Medical Problems:</b>
<b>P E T # 3</b>	<b>P E T # 4</b>
<b>Pet's Name:</b>	<b>Pet's Name:</b>
<b>Date of Birth or Age:</b>	<b>Date of Birth or Age:</b>
<b>Species:</b> <input type="checkbox"/> <b>Dog</b> <input type="checkbox"/> <b>Cat</b> <input type="checkbox"/> <b>Other</b>	<b>Species:</b> <input type="checkbox"/> <b>Dog</b> <input type="checkbox"/> <b>Cat</b> <input type="checkbox"/> <b>Other</b>
<b>Breed:</b>	<b>Breed:</b>
<b>Sex:</b>	<b>Sex:</b>
<b>Color/Markings:</b>	<b>Color/Markings:</b>
<b>Vaccinations were last given by (clinic name):</b>	<b>Vaccinations were last given by (clinic name):</b>
<b>Date:</b>	<b>Date:</b>
<b>Allergies or Long-term Medical Problems:</b>	<b>Allergies or Long-term Medical Problems:</b>
<b>P E T # 5</b>	<b>P E T # 6</b>
<b>Pet's Name:</b>	<b>Pet's Name:</b>
<b>Date of Birth or Age:</b>	<b>Date of Birth or Age:</b>
<b>Species:</b> <input type="checkbox"/> <b>Dog</b> <input type="checkbox"/> <b>Cat</b> <input type="checkbox"/> <b>Other</b>	<b>Species:</b> <input type="checkbox"/> <b>Dog</b> <input type="checkbox"/> <b>Cat</b> <input type="checkbox"/> <b>Other</b>
<b>Breed:</b>	<b>Breed:</b>
<b>Sex:</b>	<b>Sex:</b>
<b>Color/Markings:</b>	<b>Color/Markings:</b>
<b>Vaccinations were last given by (clinic name):</b>	<b>Vaccinations were last given by (clinic name):</b>
<b>Date:</b>	<b>Date:</b>
<b>Allergies or Long-term Medical Problems:</b>	<b>Allergies or Long-term Medical Problems:</b>