

NEW CLIENT REGISTRATION

Name: _____ **e-mail:** _____

Address: _____
Street number and name City State Zip Code

Telephone: (please include area code and circle primary phone)

Home:(____)_____-____ Work:(____)_____-____ ext. Cell:(____)_____-____

Preferred Method of Communication (choose one):

- Phone
- Text
- E-mail
- Check here if you would like to unsubscribe from e-mail

Occupation: _____

How many pets do you own? _____ Please list each species: _____

How did you hear about us:

() Internet search () Friend (who do we thank _____) () Advertising: _____
() Drive-by () Social media () Other: _____

Alternate Contact authorized on account: _____

() Spouse () Partner () Co-owner () Other: _____

Address: _____
Street number and name (if different than above) City State Zip Code

Occupation: _____

Telephone Numbers: (please include area code)

Home:(____)_____-____ Work:(____)_____-____ ext. Cell:(____)_____-____

Please list other people allowed to make decisions on behalf of your pet (s): _____

I am interested in learning more about:

- Pet Care Rewards (how I can earn free veterinary care for my loyalty)
- Referral Credits (earn \$25 for every new client referred that comes in for a visit)
- Pet Insurance (for when your pet is ill and up to 90% of services are covered)

FINANCIAL POLICY:

- We accept Cash, Visa, Mastercard, Discover, American Express, CareCredit. We do not accept checks (personal or business).
- By signing below, I understand that professional fees are to be paid in full at the time services are performed.

Signature: _____

(Must be 18 years of age or older)

Date: _____

Print Name: _____

Driver's License or I. D. Card Number: _____ **Expiration date:** _____