



New Client Registration Form

Primary Contact Name		
Address		
City	State	Zip Code
Primary Phone #	Secondary Phone #	
Your Birthdate: (The DEA requires this when we dispense Controlled Substances for your pet)		
Email Address:		

Primary Contact Employer	Occupation
Work Address	
Work Phone #	

Secondary Contact Name	Phone #
Relationship to Primary Contact	

How did you hear about us? _____

Financial Agreement

We are dedicated to providing the best possible care and we want you to understand our financial agreement.

Payment: Payment in full is due on the day of service. We do not offer billing as a payment option.

Returned checks: Returned checks are subject to a \$30.00 service fee in addition to any charges for bank fees. This must be paid along with the amount of the check within 14 days. Delinquent payments will be turned over to collections.

Payment Options: We accept Care Credit, all major credit cards, personal checks, and cash.

Authorization:

I, the undersigned, have read and agree to be bound by the financial terms stated above and accept full responsibility for the fees charged. I also understand and agree that such terms may be amended from time to time.

Signature

Date



Please Tell Us More About Your Pets

Pet's Name _____

Species _____ Breed _____

Color _____ Sex: MALE FEMALE

Birthdate _____ Spayed/Neutered? YES NO

Pet's Name _____

Species _____ Breed _____

Color _____ Sex: MALE FEMALE

Birthdate _____ Spayed/Neutered? YES NO

Pet's Name _____

Species _____ Breed _____

Color _____ Sex: MALE FEMALE

Birthdate _____ Spayed/Neutered? YES NO

Permission for Photo Release:

I grant Animal Health Care Center permission to take photographs of my pet and to copyright, use and publish in print and/or electronically. I agree that Animal Health Care Center may use photographs of my pet for lawful purposes including social media, advertising and Web content.

Signature

Date