

CLIENT REGISTRATION FORM

OWNER'S INFORMATION:

OWNER'S NAME _____ D.O.B. ____/____/____

SPOUSE/OTHER _____

ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK # _____ OTHER _____

OWNER'S
EMPLOYER NAME & ADDRESS _____

EMAIL
ADDRESS _____

PET'S INFORMATION: (ADDITIONAL PETS USE BACK OF FORM)

PET'S NAME: _____ (APPROX.) D.O.B. ____/____/____

DOG _____ CAT _____ OTHER _____ BREED _____

COLOR _____ SEX: MALE _____ FEMALE _____

NEUTERED/SPAYED: YES NO

PREVIOUS OR CURRENT VETERINARIAN _____

HAS YOUR PET BEEN TREATED FOR ANY ILLNESS IN THE PAST YEAR? _____

SPECIFY PROBLEMS, MEDICATION AND DOSAGE IF KNOWN: _____

REASON FOR VISIT _____

HOW DID YOU FIRST HEAR OF US? _____

I am the owner or agent for the owner of the animal(s) described above and has the authority to execute this document. I request that the Seaford Veterinary Medical Center, it's veterinarian, agent, and employees perform the services which are necessary to the examination and medical treatment of the animals described in this file, I assume responsibility for all charges incurred in the care of this animal. I also understand these charges will be paid by cash, check, Master Card, Visa, or Discover, at the time of release and that a deposit may be required for surgical or extended medical treatment. A monthly service charge is assessed on all balances 30-days overdue. The service charge is \$5.00 or 1 ½ % per month (18% annual) added, whichever is highest. Any account requiring legal action will have legal fees of 33 1/3% and all court costs added to the account. An estimate of charges is available within a reasonable time at any request

Owner or Responsible Party Signature _____ Date _____

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