

# WELCOME



Thank you for giving us the opportunity to care for your pet.  
This form must be filled out by persons 18 years of age or older.

## REGISTRATION

Owner's Name \_\_\_\_\_ Spouse Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Spouse Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Employer: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Spouse Work Phone: \_\_\_\_\_

**Client communication** – at our office we may contact you via text message, email or by phone. We do not sell your contact information to third party sellers. You can opt out of email and text communications if you choose by following the prompts provided when contacted in these formats. All clients are auto enrolled into these forms of communication upon completion the first visit.

How did you learn about our clinic? \_\_\_\_\_

If you were referred, please note who referred you \_\_\_\_\_

How do you plan to pay for services rendered? (Check all that apply)

Cash  VISA  MasterCard  CareCredit\* **CHECKS ARE NOT ACCEPTED**

## TERMS OF SERVICE

**Payment is required in FULL at the time of service.** We do not offer any form of billing. We accept cash, VISA, MasterCard and Care Credit as forms of payment. The authorized user of the card must present for all credit card transactions. Care Credit transactions can only be processed by authorized users on the Care Credit card. **We do not take Checks, Discover or American Express at this time – please plan Accordingly.**

All credit card transactions run over the phone will require a **\$3.00 convenience fee charge.**

SSN# \_\_\_\_\_ DL# \_\_\_\_\_

**All accounts are subject to finance charges, late fees and collection fees in accordance with state laws and at the discretion of this office.**

## AUTHORIZATION

All information I have been provided here is true to the best of my knowledge. I have read and understand the terms of service.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_