Client ID# _____
Wel Cd: _____
For office use

Today's Date _____

Animal Medical Center
New Client Registration Form

You must be 18 years or older to complete this form
About you: (Please Print)

Owners Name_____ Spouse/Other_____

Home Street Address_____

City_____ State_____ Zip Code_____ E-Mail Address:_____

Home Phone ( ) _____Cell Phone ( ) _____ Work Phone ( ) _____

ER Contact Name: _____ ER Home Ph# ( ) _____ ER Cell Ph# ( ) _____

Do you want your pet's overdue vaccine information e-mailed to you or mailed directly to your home address?

Please check one: E-mail_____ Home Address_____ Your E-mail address:_____

How did you hear about our hospital? _____ Yellow Pages _____ Street Sign/Drove By _____ Coupon/Mailer

____ Referred by someone (Please tell us who referred you) _____

____Other (Please explain) _____

About our hospital:
We thank you for choosing Animal Medical Center. We are a full-service facility that offers a wide range of services for you and your pet. Here is just a small list of the services we provide:

- Professional & economic veterinary care
- Complete dental care
- Monitored surgical procedures
- Purina prescription diets
- Open Monday-Friday 7AM-6PM & Saturday 9AM-1PM
- Courteous and trained staff
- Client referral program-Earn discounts for referring others to our hospital

In order to control the rising cost of animal health, we **DO NOT OFFER ANY BILLING OR PAYMENT PLANS.** Payment is due when service is rendered. We do accept Visa, Master Card, Discover Novus, American Express, Care Credit, Cash, Money Orders and personal checks with proper identification. ***WE DO NOT ACCEPT CHECKS ON THE FIRST VISIT*** Our collection agency requires a valid driver's license for all check writing purposes. Returned checks will incur a $30 processing fee by our collection agency. Unpaid balances sent to collections will also incur **ALL** collection and legal fees. An interest rate of up to 18% may be charged to all delinquent balances. We reserve the right to refuse any method of payment, other than cash, from individuals who do not adhere to our policies. Additionally, we are a state-licensed hospital and abide by the Indiana Veterinary Practice Law code 15-5-1.1-33(a,b,c&d) for pet abandonment. Owners who abandon animals in our facility will be subject to all aspects (legal and financial) of this code.

I, the above described owner, assume responsibility for all charges occurred in the care of my animal. I understand that charges must be ***PAID IN FULL*** at the time services are completed. In the case of extended care or extensive surgical procedures, a deposit will be required to leave my pet in the care of Animal Medical Center for treatment. If I do not pay my balance in full, I understand that I will be held responsible for all statement fees, financial charges and all collection/attorney fees that may occur. ***There is a $49 fee for no show/no call appointments without 24-hr notice.***

Owner/Financially responsible party signature: _____

Drivers License#_____ State Issued _____ Expiration Date _____/_____/_____

***PLEASE FILL OUT BOTH FRONT AND BACK SIDES PROVIDING AS MUCH INFO ABOUT YOUR PET(S) AS POSSIBLE. <u>RETURN TO THE FRONT DESK SO WE CAN ENTER YOUR INFORMATION AND CHECK YOU IN FOR YOUR APPOINTMENT.</u>**

About your pet:

- Pet's Name ____

_____ Dog _____ Cat Approximate age or date of birth ________________
_____ Male _____ Is he neutered? Breed__________________________________
_____ Female _____ Is she spayed? Color __________________________________

- Pet's Name ____

_____ Dog _____ Cat Approximate age or date of birth ________________
_____ Male _____ Is he neutered? Breed__________________________________
_____ Female _____ Is she spayed? Color __________________________________

- Pet's Name ____

_____ Dog _____ Cat Approximate age or date of birth ________________
_____ Male _____ Is he neutered? Breed__________________________________
_____ Female _____ Is she spayed? Color __________________________________

- Pet's Name ____

_____ Dog _____ Cat Approximate age or date of birth ________________
_____ Male _____ Is he neutered? Breed__________________________________
_____ Female _____ Is she spayed? Color __________________________________

- Pet's Name ____

_____ Dog _____ Cat Approximate age or date of birth ________________
_____ Male _____ Is he neutered? Breed__________________________________
_____ Female _____ Is she spayed? Color __________________________________

- Pet's Name ____

_____ Dog _____ Cat Approximate age or date of birth ________________
_____ Male _____ Is he neutered? Breed__________________________________
_____ Female _____ Is she spayed? Color __________________________________

- Pet's Name ____

_____ Dog _____ Cat Approximate age or date of birth ________________
_____ Male _____ Is he neutered? Breed__________________________________
_____ Female _____ Is she spayed? Color __________________________________