

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. RETURN TO THE FRONT DESK SO WE CAN ENTER YOUR INFORMATION AND CHECK YOU IN FOR YOUR APPOINTMENT.**

***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 \_\_\_\_\_

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\_\_\_\_ Male      \_\_\_\_ Is he neutered?      Breed \_\_\_\_\_  
\_\_\_\_ Female      \_\_\_\_ Is she spayed?      Color \_\_\_\_\_

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