

Client # _____
Wel Cd _____

Animal Medical Center
Client Registration Form

Today's Date _____

About you...(Please Print)

Owner's Name _____ Spouse/Other _____
Home Street Address _____
City _____ State _____ Zip Code _____
Home Phone (____) _____ Work Phone (____) _____
Emergency Numbers/Contacts _____

How did you hear about our hospital? _____ Yellow Pages _____ Street Sign/Drove By _____ Coupon/Mailer
_____ Referred by someone (Please tell us who so we may send them a thank-you gift) _____
_____ Other (Please explain) _____

A word 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
- Monitored surgical procedures
- Complete dental care
- Grooming for all breeds, cats and dogs!
- Clean & safe boarding accommodations (with vaccine requirements for your pet's safety)
- Purina prescription diet foods
- Courteous and trained staff
- Client referral program (you can earn gifts & discounts by referring friends)
- House calls and pick-up & delivery services
- Extended office hours (open 7 am-7 pm, Mon - Fri, Sat 9 am-2 pm)

Please read carefully and sign...

In order to control the rising costs of animal health, we **do not allow any billing** or payment plans. We do accept Visa, Master Card, Discover Novus, American Express, Care Credit, cash, money orders, and personal checks (with proper identification). Our collection agency requires a 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 fees and legal fees. 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 incurred in the care of my animal. I understand that all charges must be paid **in full** at the time services are completed. In the case of extended care or extensive surgical procedures, a deposit may be required for treatment. If I do not pay my balance in full, I understand that I am responsible for all statement fees, finance charges, and collection/attorney fees that may occur. A \$30 fee will be assessed for **all** returned checks.

Owner or Responsible Party _____
Driver's License Number _____ Expiration Date _____
(please provide copy of license)

About your pet....

1. Pet's Name _____
____ Dog ____ Cat ____ Other _____ Date of Birth (approx.) _____
____ Male Neutered? ____ Yes ____ No _____ Breed _____
____ Female Spayed? ____ Yes ____ No _____ Color _____
Date of last vaccination _____ Where? _____

2. Pet's Name _____
____ Dog ____ Cat ____ Other _____ Date of Birth (approx.) _____
____ Male Neutered? ____ Yes ____ No _____ Breed _____
____ Female Spayed? ____ Yes ____ No _____ Color _____
Date of last vaccination _____ Where? _____

3. Pet's Name _____
____ Dog ____ Cat ____ Other _____ Date of Birth (approx.) _____
____ Male Neutered? ____ Yes ____ No _____ Breed _____
____ Female Spayed? ____ Yes ____ No _____ Color _____
Date of last vaccination _____ Where? _____

4. Pet's Name _____
____ Dog ____ Cat ____ Other _____ Date of Birth (approx.) _____
____ Male Neutered? ____ Yes ____ No _____ Breed _____
____ Female Spayed? ____ Yes ____ No _____ Color _____
Date of last vaccination _____ Where? _____

5. Pet's Name _____
____ Dog ____ Cat ____ Other _____ Date of Birth (approx.) _____
____ Male Neutered? ____ Yes ____ No _____ Breed _____
____ Female Spayed? ____ Yes ____ No _____ Color _____
Date of last vaccination _____ Where? _____

6. Pet's Name _____
____ Dog ____ Cat ____ Other _____ Date of Birth (approx.) _____
____ Male Neutered? ____ Yes ____ No _____ Breed _____
____ Female Spayed? ____ Yes ____ No _____ Color _____
Date of last vaccination _____ Where? _____