



203 D Street, Petaluma CA 707-762-2693

CLIENT REGISTRATION		
We thank you for the opportunity to provide veterinary care for your pet family member. PLEASE PRINT ALL ENTRIES		
Owner's Name:	Primary Contact Telephone:	☐ OK to Receive Text Messages?
Spouse's/Co-owner's Name:	Work Phone (Primary Account Holder):	☐ OK to Receive Text Messages?
Mailing Address:	Cellular Phone (Primary Account Holder):	☐ OK to Receive Text Messages?
street	Cellular Phone (Spouse/Co-owner):	☐ OK to Receive Text Messages?
city state zip	Alternative contact phone numbers:	
Employer:	Preferred communication method: □ Voice □ Email □ Text □ US Mail	
Owner's Date of Birth:	Please provide your email address: OK to use for: □ Appt confirm	
Driver's License Number/Expiration Date:		☐ Health Reminder ☐ General
(required for all clients wishing to pay by check)	We provide our clients with online access to their pet(s) records and the ability to receive medical and appointment	☐ All of the above
How did you hear about us? Is there someone we may personally thank? Saw Our Hospital / Location Website Google/Yahoo/Bing/Other (choose one) Yelp.com North Bay Animal Services Unleashed! Other		
PET #1	PET #2	
Pet's Name:	Pet's Name:	
Date of Birth or Age: Sex: Male Female Neutered? Spayed?	Date of Birth or Age: Sex: Male Female Neutered? Spayed?	
Species: Dog Cat Other Breed:	Species: Dog Cat Other Breed:	
Color/Markings:	Color/Markings:	
Pet Insurance Provider: Policy #:	Pet Insurance Provider: Policy #:	
Is your pet microchipped? YES NO	Is your pet microchipped? YES NO	
Vaccinations were last given by (clinic name):	Vaccinations were last given by (clinic name):	
Allergies or Long-term Medical Problems:	Allergies or Long-term Medical Problems:	
OUR FINANCIAL POLICY: Full payment is required upon rendering of services. We do not carry open accounts. Payment options are: Cash, Check, Visa, Mastercard, Discover and America Express. We also offer Care Credit and Payment Banc as a payment plan options for qualified applicants. Any client wishing to pay by check must provide proper ID. I agree to pay 1.5% per month or 18% per year on any unpaid balance. If a check is returned for insufficient funds, there is a \$25 returned check fee. If my account is sent to collections, I agree to pay any incurred fees including legal fees. By signing below, I acknowledge I have received a copy of Central Animal Hospital's Financial Policy and am hereby subject to all terms contained therein. LATE/MISSED APPOINTMENT POLICY: Any patient who arrive 10+ minutes after their scheduled appointment time are considered LATE and will be rescheduled for another		
appointment time. Any missed and/or late appointments may be subject to a \$81 missed appointment fee at the discretion of the Practice Manager.		
PHOTO POLICY: I hereby grant permission to Central Animal Hospital to use photographs/ir my pet(s) in the "Pet of the Month" and "Pet of the Year" contests and/or to display them in the Hospital's commercial Internet website, centralanimalhosp.com or Central Animal Hospital's Face permission to use said photos for Central Animal Hospital advertisements, including printed literal Approve	"Paws of Honor" section (for non-contest submissions), to be displayed on Bebook, Twitter and/or other social media sites. Additionally, I grant Cent	on Central Animal
PLEASE ALSO NOTE: In accordance with CA Veterinary Medical Associations Code of Regulations, veterinary service during nighttime hours, some daytime hours and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours.		
Signature:	Date:	