



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:	<input type="checkbox"/> OK to Receive Text Messages?
Spouse's/Co-owner's Name:	Work # (Primary Account Holder):	<input type="checkbox"/> OK to Receive Text Messages?
Mailing Address: street city state zip	Cellular # (Primary Account Holder):	<input type="checkbox"/> OK to Receive Text Messages?
	Cellular Phone (Spouse/Co-owner):	<input type="checkbox"/> OK to Receive Text Messages?
	Alternative contact phone numbers:	
Employer:	Preferred communication method: <input type="checkbox"/> Voice <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> US Mail	
Owner's Date of Birth:	Please provide your email address:	OK to use for: <input type="checkbox"/> Appt confirm <input type="checkbox"/> Health Reminder <input type="checkbox"/> General <input type="checkbox"/> All of the above
Driver's License Number/Expiration Date: <i>(required for all clients wishing to pay by check)</i>		
How did you hear about us?		
Is there someone we may personally thank? _____		
<input type="checkbox"/> Saw Our Hospital / Location <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Google/Yahoo/Bing/Other (choose one) <input type="checkbox"/> Yelp.com <input type="checkbox"/> North Bay Animal Services		
<input type="checkbox"/> Unleashed! <input type="checkbox"/> 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	Species: Dog Cat Other
Breed:	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. 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 \$68 missed appointment fee at the discretion of the Practice Manager.

PHOTO POLICY: I hereby grant permission to Central Animal Hospital to use photographs/images of my pet(s) taken by or submitted to Central Animal Hospital; for the purpose of entering my pet(s) in the "Pet of the Month" and "Pet of the Year" contests and/or to display them in the "Paws of Honor" section (for non-contest submissions), to be displayed on Central Animal Hospital's commercial internet website, centralanimalhosp.com or Central Animal Hospital's Facebook, Twitter and/or other social media sites. Additionally, I grant Central Animal Hospital permission to use said photos for Central Animal Hospital advertisements, including printed literature or images on said websites.

Approve Decline

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:** _____