

Animal Hospital at the Shores Client Registration Form

Owner's Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ County: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Driver's License: _____

Please provide us with your e-mail address to receive e-mail reminders:

Email Address: _____

Pet Information:

***Pet's Name:** _____ **Breed:** _____ **Species:** _____

Color: _____ **Age:** _____ **Birth Date:** _____ **Sex:** _____ **Spayed / Neutered**

***Pet's Name:** _____ **Breed:** _____ **Species:** _____

Color: _____ **Age:** _____ **Birth Date:** _____ **Sex:** _____ **Spayed / Neutered**

***Pet's Name:** _____ **Breed:** _____ **Species:** _____

Color: _____ **Age:** _____ **Birth Date:** _____ **Sex:** _____ **Spayed / Neutered**

How were you referred to us? _____

May we post a picture of your pet on our Facebook page (no last name)? yes no

Financial Agreement:

I assume financial responsibility for all charges incurred to the patient and further understand that payment is due in full at the time of service. If I fail to pay the entire amount, I will be responsible for any administrative fees, and all lawyer collections and costs incurred in collecting the amount due.

Owner Signature _____ **Date** _____

Emergency Contact _____ **Phone#** _____