

JOLLY POND VETERINARY HOSPITAL CLIENT REGISTRATION FORM

Name: _____
Last First Middle Initial

Address: _____
Street City, State, Zip Code

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Spouse or Co-Owner's Name: _____ Phone: _____

Employer: _____ Work Phone: _____

How did you first hear of us? _____

E M A I L

Person's Name, Yellow pages, Sign, Newspaper, Other

Pet No. 1

Pet. No. 2

Name: _____

Name: _____

Birth Date: _____

Birth Date: _____

Species: Cat Dog Other _____

Species: Cat Dog Other _____

Breed: _____

Breed: _____

Sex: Male Female / Neutered Spayed

Sex: Male Female / Neutered Spayed

Date of Last Vaccination: _____

Date of Last Vaccination: _____

Last Rabies Vaccination: _____

Last Rabies Vaccination: _____

Where Shots Obtained: _____

Where Shots Obtained: _____

Any Long-Term Problems: _____

Any Long-Term Problems: _____

Reason for visit: _____

List Names and types of any other pets you own: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. I agree to a 24% APR finance charge added to any balance due over 60 days, with a minimum finance charge of \$2.00 and a \$25 fee for all returned checks. Any accounts unpaid after 60 days are subject to collection. I understand any accounts sent to collection will be charged interest, and any court and attorney fees are my responsibility.

Signature of Owner or Agent: _____ Date: _____

Method of Payment: Cash Check Visa Mastercard Discover Am Ex