

PATIENT REGISTRATION FORM

DATE:

OWNER'S NAME: SPOUSE/OTHER

MAILING ADDRESS:

CITY: STATE: ZIPCODE:

HOME PHONE: WORK PHONE:

CELL: SPOUSE/OTHER CELL:

EMPLOYER:

SPOUSE'S/OTHER'S EMPLOYER:

IN CASE OF EMERGENCY, CALL:

ADDITIONAL CONTACT NUMBERS:

PET'S NAME: AGE:

SPECIES: BREED:

COLOR: SEX:

PREVIOUS VETERINARIAN(S):

ADDITIONAL PETS:

I HEREBY AUTHORIZE VETERINARY ASSOCIATES, INC. TO RECEIVE, PRESCRIBE FOR, TREAT, AND PERFORM SURGERY UPON THE ABOVE DESCRIBED PET. I ASLO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL TREATMENT.

SIGNATURE OF OWNER OR RESPONSIBLE PARTY:

X _____ DATE: _____

SUBJECT TO FINANCE CHARGE

PLEASE NOTE:

PAYMENT IS DUE IN FULL AS SERVICES ARE RENDERED. WE NO LONGER HAVE CHARGE ACCOUNTS. FOR YOUR CONVENIENCE, WE ACCEPT PAYMENT IN THE FORM OF CASH, CHECKS, VISA, MASTERCARD, DISCOVER, AND CARECREDIT. THANK YOU