

# VETERINARY ASSOCIATES, INC

## REGISTRATION FORM

(Please Print Clearly)

In order to open an account with us you must be 18 years of age and provide us with at least one form of identification. Your information will be kept confidential. The driver's license number & birth date MUST be that of the primary owner. We will also need a copy of your ID.

Today's date:

VAI Representative:

### OWNER INFORMATION

<u>Last Name:</u>	<u>First Name:</u>	<u>MI</u>	<u>Driver's License #</u>	<u>Birthdate:</u>
<u>Co-Owner/Spouse:</u>			<u>Relationship:</u>	<u>Phone #:</u>
<u>Street address:</u>			<u>Home Phone #:</u> (    )	<u>Cell Phone #:</u> (    )
<u>P.O. Box:</u>	<u>City:</u>		<u>State:</u>	<u>ZIP Code:</u>
<u>Occupation:</u>	<u>Employer:</u>		<u>Employer Phone #:</u> (    )	
<u>In Case Of Emergency: Name:</u>			<u>Phone:</u>	
<u>Email address:</u>				

### PET(S) INFORMATION

(Please give any previous records to the receptionist so we may copy them for our records.)

1) <u>Pet's Name:</u>		<u>Age/Birth Date:</u>	<u>Breed:</u>	<u>Species:</u>
<u>Sex:</u>	<u>Spayed/Neutered:</u>	<u>Known Medical Conditions:</u>		<u>Color:</u>
2) <u>Pet's Name:</u>		<u>Age/Birth Date:</u>	<u>Breed:</u>	<u>Species:</u>
<u>Sex:</u>	<u>Spayed/Neutered:</u>	<u>Known Medical Conditions:</u>		<u>Color:</u>

### AUTHORIZATION

The above information is true to the best of my knowledge. **I understand that I am financially responsible for all services at the time they are rendered.**

I hereby authorize VETERINARY ASSOCIATES, INC. to receive, prescribe for, treat, and perform surgery upon the above described pet(s). I also understand that a deposit may be required for surgical treatment.

**WE ACCEPT PAYMENT IN THE FORM OF:    CASH, VISA, MASTER CARD, DISCOVER AND CARE CREDIT**

\_\_\_\_\_  
**Owner/Agent Signature**

\_\_\_\_\_  
**Date**

