



1638 Cox Rd.  
Blackstone, VA 23824  
434-292-1298

## Client Registration

Thank you for giving us the opportunity to care for your pet. To help us best serve your needs, please take a moment to complete the following information.

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Dr. \_\_\_ Date \_\_\_\_\_

Owner's Name \_\_\_\_\_

Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address if different from above \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ ext \_\_\_\_\_

Cell phone \_\_\_\_\_ email \_\_\_\_\_

Owner's employer \_\_\_\_\_

Spouse/Other's employer \_\_\_\_\_

If paying by check or credit card please provide the following information:

SSN \_\_\_\_\_ or Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ relationship \_\_\_\_\_

Emergency contact's phone #(s) \_\_\_\_\_

Is this person authorized to make decisions about your pet's health? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_

Is there someone we can thank for referring you to our clinic? Yes \_\_\_\_\_ No \_\_\_\_\_

Their name(s) \_\_\_\_\_

### **FEES ARE DUE AT THE TIME OF SERVICE**

We regret that we cannot extend credit, but we accept VISA, MasterCard, Discover, CareCredit, good check with proper ID and cash.

I hereby authorize the veterinarian to examine, prescribe for and treat my pet. I understand I am responsible for all fees associated with this care and that these fees must be paid for in full at time of service. I attest that I am at least 18 years of age.

Signature of Owner \_\_\_\_\_