

Client ID (office use) \_\_\_\_\_

### CLIENT REGISTRATION FORM

Owner name: Last, First \_\_\_\_\_

Spouse/Co-Owner/ Alternate Contact: Last, First \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone # (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone # (\_\_\_\_\_) \_\_\_\_\_

Primary Email Address \_\_\_\_\_ @ \_\_\_\_\_

Alternate Email Address \_\_\_\_\_ @ \_\_\_\_\_

E-mail addresses will be entered into a private database and will only be used for pet reminders, hospital updates, and other promotional offers from CCVH. We do not give your information to any third parties.

Date of Birth \_\_\_\_\_ Driver's License# \_\_\_\_\_ State \_\_\_\_\_ Exp \_\_\_\_\_

This information is used to verify your identity and required when control drugs are prescribed.

#### OWNER

#### SPOUSE/CO-OWNER/ALT. CONTACT

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Who should we thank for your referral to our office? \_\_\_\_\_

*First and last name of friend, family member, acquaintance, etc who referred you*

For your convenience we accept Visa, MasterCard, Discover, Care Credit, American Express and cash. Cardholder must be present and cardholder's signature is required. We do not accept payment over the phone.

I understand the above financial policy and I understand that professional fees are due at the time services are rendered. A deposit is required prior to treatment/surgery.

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

Please fill out your pet's information below:

First Pet Name	Second Pet Name	Third Pet Name	Fourth Pet Name
DOB/Age	DOB/Age	DOB/Age	DOB/Age
Breed	Breed	Breed	Breed
Color	Color	Color	Color
Sex M F	Sex M F	Sex M F	Sex M F
Spayed/Neutered Yes No	Spayed/Neutered Yes No	Spayed/Neutered Yes No	Spayed/Neutered Yes No