



♥ WELCOME! ♥

<b>CLIENT REGISTRATION</b>		
<b>We thank you for the opportunity to provide veterinary care for your pet family member. PLEASE PRINT ALL ENTRIES</b>		
<b>Owner's Name:</b>	<b>Primary Contact Telephone:</b>	<input type="checkbox"/> OK to Receive Text Messages?
<b>Spouse's/Co-owner's Name:</b>	<b>Work Phone (Primary Account Holder):</b>	<input type="checkbox"/> OK to Receive Text Messages?
<b>Mailing Address:</b>  street  city state zip	<b>Cellular Phone (Primary Account Holder):</b>	<input type="checkbox"/> OK to Receive Text Messages?
	<b>Cellular Phone (Spouse/Co-owner):</b>	<input type="checkbox"/> OK to Receive Text Messages?
	<b>Alternative contact phone numbers:</b>	
<b>Employer:</b>	<b>Preferred communication method:</b> <input type="checkbox"/> Voice <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> US Mail	
<b>Owner's Date of Birth:</b>	<b>Please provide your email address:</b>	
<b>Driver's License Number/Expiration Date:</b>  <i>(required for all clients wishing to pay by check)</i>	<input type="checkbox"/> OK to use for: <input type="checkbox"/> Appt confirm <input type="checkbox"/> Health Reminder <input type="checkbox"/> General <input type="checkbox"/> All of the above	
<b>How did you hear about us?</b>		
<b>Is there someone we may personally thank?</b>		
<input type="checkbox"/> Saw Our Hospital / Location <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Google/Yahoo/Bing/Other (choose one) <input type="checkbox"/> Yelp.com <input type="checkbox"/> North Bay Animal Services <input type="checkbox"/> Unleashed! <input type="checkbox"/> Other		

  

PET # 1	PET # 2
<b>Pet's Name:</b>	<b>Pet's Name:</b>
<b>Date of Birth or Age:</b> <b>Sex:</b> Male Female Neutered?                              Spayed?	<b>Date of Birth or Age:</b> <b>Sex:</b> Male Female Neutered?                              Spayed?
<b>Species:</b> Dog      Cat      Other	<b>Species:</b> Dog      Cat      Other
<b>Breed:</b>	<b>Breed:</b>
<b>Color/Markings:</b>	<b>Color/Markings:</b>
<b>Pet Insurance Provider:</b> <b>Policy #:</b>	<b>Pet Insurance Provider:</b> <b>Policy #:</b>
<b>Is your pet microchipped?</b> YES      NO	<b>Is your pet microchipped?</b> YES      NO
<b>Vaccinations were last given by (clinic name):</b>	<b>Vaccinations were last given by (clinic name):</b>
<b>Allergies or Long-term Medical Problems:</b>	<b>Allergies or Long-term Medical Problems:</b>

**OUR FINANCIAL POLICY:** Full payment is required upon rendering of services. We do not carry open accounts. Payment options are: Cash, Check, Visa, Mastercard, Discover. We also offer Care Credit and Payment Banc as a payment plan options for qualified applicants. Any client wishing to pay by check must provide proper ID. I agree to pay 1.5% per month or 18% per year on any unpaid balance. If a check is returned for insufficient funds, there is a \$25 returned check fee. If my account is sent to collections, I agree to pay any incurred fees including legal fees. By signing below, I acknowledge I have received a copy of Central Animal Hospital's Financial Policy and am hereby subject to all terms contained therein.

**LATE/MISSED APPOINTMENT POLICY:** Any patient who arrive 10+ minutes after their scheduled appointment time are considered LATE and will be rescheduled for another appointment time. Any missed and/or late appointments may be subject to a \$68 missed appointment fee at the discretion of the Practice Manager.

**PHOTO POLICY:** I hereby grant permission to Central Animal Hospital to use photographs/images of my pet(s) taken by or submitted to Central Animal Hospital; for the purpose of entering my pet(s) in the "Pet of the Month" and "Pet of the Year" contests and/or to display them in the "Paws of Honor" section (for non-contest submissions), to be displayed on Central Animal Hospital's commercial Internet website, centralanimalhosp.com or Central Animal Hospital's Facebook, Twitter and/or other social media sites. Additionally, I grant Central Animal Hospital permission to use said photos for Central Animal Hospital advertisements, including printed literature or images on said websites.

Approve                       Decline

**PLEASE ALSO NOTE:** In accordance with CA Veterinary Medical Associations Code of Regulations, veterinary service during nighttime hours, some daytime hours and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_