

ADDITIONAL PET REGISTRATION FORM

TODAY'S DATE: _____

OWNERS NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ EMAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT US? _____

PET'S NAME: _____ DATE OF BIRTH: _____

SPECIES: CANINE ___ FELINE ___ SEX: FEMALE ___ SPAYED ___ MALE ___ NEUTER ___

BREED: _____ COLOR: _____

VACCINATION HISTORY

<u>CANINE</u>	<u>DATE</u>	<u>FELINE</u>	<u>DATE</u>
FECAL DIRECT FLOAT		FECAL DIRECT FLOAT	
ACCUPLEX / 4DX		FIV/FELV TEST	
RABIES VAX		RABIES VAX	
BORDETELLA VAX		FVRCP VAX	
INFLUENZA VAX		FELV VAX	
LEPTOSPIROSIS VAX			
DA2PP VAX / DIST PV TITRE			

CURRENT MEDICATIONS/ALLERGIES: _____

PREVIOUS VETERINARIAN FROM
WHOM RECORDS MAY BE REQUESTED: _____

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR OR TREAT THE ABOVE-DESCRIBED PET. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL, I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF DISCHARGE AND THAT A 50% DEPOSIT IS REQUIRED FOR HOSPITALIZATION OR INPATIENT TREATMENT. ALL UNPAID BALANCES WILL ACCURE A FINANCE CHARGE OF 1.5% PER MONTH AND A \$3.00 BILLING CHARGE. I HEREBY AUTHORIZE CENTER FOR VETERINARY CARE PC TO CHARGE TO THE BELOW ACCOUNT ANY OUTSTANDING BALANCE. IN THE EVENT THAT FEES ARE NOT PAID AS DELINATED ABOVE, I AGREE TO PAY ANY AND ALL COLLECTION AND/OR ATTORNEY'S FEES INCURRED:

SIGNATURE OF OWNER OR AGENT: _____

METHOD OF PAYMENT: CASH ___ CHECK ___ MC/VISA ___ AMEX ___ DISC ___

CREDIT CARD ACCOUNT #: _____ EXP DATE: _____ CVV: _____

DRIVERS LICENSE # _____ STATE _____ EXP DATE: _____

*ACCORDING TO THE NEW YORK STATE GENERAL OBLIGATIONS LAW, SECTION 11-104, INDIVIDUALS WHO BOUNCE CHECKS COULD BE LIABLE FOR THE FACE VALUE OF THE CHECK, PLUS TWO TIMES THE AMOUNT OF THE CHECK, UP TO \$400 FOR A CHECK DISHONORED DUE TO INSUFFICIENT FUNDS, AND UP TO \$750 FOR CHECKS DRAWN ON A NON-EXISTENT ACCOUNT