

**CLIENT REGISTRATION FORM**

TODAY'S DATE: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

SPOUSE/ CO-OWNER'S NAME: \_\_\_\_\_

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.