

WELCOME TO



CLIENT REGISTRATION

Owner _____ Spouse _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cellular Phone _____

Work Phone _____ Spouse's Work Phone _____

Employer _____ Spouse's Employer _____

Email Address _____ (For internal use only)

How did you hear about us? Yellow Pages Internet Drive By Referral

Whom may we thank for the referral? _____

Payment is expected at the time of service. Please check your method of payment.

Check Cash Credit Card Debit Card

Are you eligible, and in need of, a 10% senior discount (65 and older)? YES NO

Are you eligible for a 5% military discount? YES NO

All returned checks are subject to a \$25.00 fee.

Accounts turned over to collections are subject to any additional fees and charges.

In the event that my pet(s) records, including radiographs and lab work, should need to be released, I authorize the staff of The Pet Doctor to do so.

Signature of Owner or Responsible Party

Date