

CHUCKANUT VALLEY VETERINARY CLINIC

2010

CLIENT REGISTRATION FORM

Today's Date: _____

How did you hear about our clinic?

Person whom referred you: _____

Other (Circle): S.P.O.T. ~ Humane Society ~ AKC ~ 4H ~ Website

Sign ~ Verizon or MacGregor Phone Book ~ Professional Referral

Other: _____

Are you a Senior Citizen (62+)? Yes or No

Are you active in the military? Yes or No

OWNER INFORMATION

Name: _____
Street: _____
City, State, Zip: _____, _____

Home Phone: _____
Cell Phone: _____
Employer: _____
Work Phone: _____
Date of Birth: _____
Drivers License #: _____

Social Security #: _____
Email: _____
Would you like your reminders via email? Yes or No

Name: _____
Street: _____
City, State, Zip: _____, _____

Home Phone: _____
Cell Phone: _____
Employer: _____
Work Phone: _____
Date of Birth: _____
Drivers License #: _____
Social Security #: _____
Email: _____
Would you like your reminders via email? Yes or No
Senior Citizen - Yes or No (Age 62+)

SPOUSE/OTHER INFORMATION

Current Pet Listing: (Please list names of all your animals so that we may update your records properly) _____

For your convenience we accept:

Cash Check Visa/MC/American Express Debit Care Credit
(Please circle today's payment choice)

Please note: All checks returned non-sufficient funds will be charged a \$25.00 NSF fee.

I/We assume all responsibility for all charges incurred in the care of our animal(s) under my/our client account. I/We also understand that these charges will be paid at time of service/discharge. I/We understand that if this account is not paid as agreed, the account will be assigned to a third party collection agency.

Responsible Party(s) Signature(s):

X: _____ *Owner*
X: _____ *Spouse/Other*

Office Use: _____ Scanned _____ Cornerstone Updated

ALL FEES ARE DUE AT TIME SERVICES ARE RENDERED