

New Client Registration Information

Primary Contact Information

Last name _____ First name _____

Address _____
(if PO box need Physical address also)

City _____ State _____ zip code _____

Home Phone _____ Cell Phone _____

E-mail address _____

Employer Name _____ Work Phone _____

Secondary Contact Information

Spouse/Co-owner Name _____ Employer Name _____

Cell Phone _____ Work Phone _____

Emergency Contact Information (used only if above persons are unavailable)

Name _____ Phone number _____ Secondary Phone number _____

Please share with us how you prefer to communicate. We will do our best to accommodate.

Home phone _____ Work phone _____ Cell phone _____ Time of day Morning _____ Afternoon _____ Evening _____

E-Mail _____ Alternate e-mail address _____

Please share with us how you first heard of our hospital.

Individual (please provide name) _____ WE LOVE REFERRALS!

Yellow Pages Hospital Sign Internet Advertisement Other _____

To prevent the spread of infectious disease and parasites, any hospitalized or boarding animals must be current on all core vaccines/titers and free of internal and external parasites. Your pet will be updated as deemed medically appropriate by the Veterinarian.

To my knowledge all of the above information is true and correct. I/we agree to assume all financial responsibility for all services rendered, procedures performed, medications administered or dispensed, and hospital fees.

Payment is due at the time services are rendered. We will gladly prepare a written estimate if you desire. Please ask the front desk. We accept Cash, Check, Visa, Mastercard, Discover, Pay Pal and Care Credit.

I/we agree to be responsible for all costs related to any collection of my account including attorney's fees in the amount of thirty-three and one-third percent (33.3%) of the outstanding balance at the time a collection attorney contacts me, which I hereby agree is reasonable. I further agree to pay interest at the rate of one and one-half percent (1 ½%) per month on any amount due Hanging Rock Animal Hospital, which remains unpaid thirty (30) days after its due date.

Owner Signature _____

Date _____

Co-Owner's Signature _____

Date _____