

Client Registration

Name: _____ SSN*: _____
 Address: _____ City: _____
 State: _____ Zip code: _____ Driver's License: **Please give to front desk to copy**
 Cell phone: _____ Home phone: _____
 Employer: _____ Work phone: _____
 E-mail address: _____

Alternate contact: _____ SSN*: _____
 Address: _____ City: _____
 State: _____ Zip code: _____ Driver's License*: _____
 Cell phone: _____ Home phone: _____
 Employer: _____ Work phone: _____
 E-Mail Address: _____

HOW WOULD YOU LIKE TO RECEIVE REMINDERS ABOUT APPOINTMENTS?

Phone _____ Text Message _____ Email _____

Please tell us about your pets

Pet's name			
Species			
Breed			
Color / Markings			
Male / Female			
Neutered / Spayed			
Age / Date of birth			
Last Vaccinated			
Medications			

Previous Vet: _____ Phone: _____

Referred By: _____ *We offer a \$10 credit for referrals*

COPY OF DRIVERS LICENSE REQUIRED FOR ALL PAYMENTS

Payment is expected when services are rendered.

I certify all above information is true and complete. I agree to pay the amount invoiced in full. Any balance left on account will be charged a 1.5% service fee per every 30 days not paid. I agree that if balance is not paid and account is turned over to a collection company, I will pay any and all attorney fees and fees charged by the collection company.

I authorize Dr. Esbeck and the staff of Sawnee Animal Clinic to examine and treat my pet. Estimates will be provided upon request, which will be good for 30 days. I understand a \$25.00 fee will be added to any check returned for non-payment.

Signature: _____ Date: _____

Account Number: _____ *(for office use only) revised 2-26-14*