

CLIENT REGISTRATION FORM

★ ALL INFORMATION IS REQUIRED FOR ANIMAL CARE CENTER, PLLC TO ACCEPT PERSONAL CHECKS EXCEPT THOSE LINES MARKED WITH AN ASTERISK (*) ★

NAME _____ SPOUSE/PARTNER _____
STREET ADDRESS _____
MAILING ADDRESS (if different) _____
CITY _____ STATE _____ ZIP _____
SSN _____ SPOUSE'S SSN _____
DRIVER'S LICENSE # _____ SPOUSE'S LICENSE # _____
DATE OF BIRTH _____ SPOUSE'S DATE OF BIRTH _____
EMPLOYER _____ SPOUSE'S EMPLOYER _____
If self-employed, state name of company If self-employed, state name of company
WORK PHONE _____ SPOUSE'S WORK PHONE _____
HOME PHONE _____ CELL PHONE * _____
EMAIL * _____

FINANCIAL POLICY

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

In case of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept **MASTERCARD, VISA and DISCOVER** for your convenience.

There will be a service charge for any checks returned unpaid.

I fully understand and agree to the terms and conditions set forth above as they pertain to payment for care and treatment of all animals presented by me or my agent to Animal Care Center, PLLC.

Failure to complete and sign this agreement allows Animal Care Center, PLLC to refuse any and all present and future services.

Signature _____

Date _____

Office Use Only

Updated: _____
