
Owner/Patient Registration

Thank you for giving us the opportunity to care for your pet. Please print and complete all information.

Owner's Name _____ Last _____ First _____ Initial _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

WE DO NOT ALLOW BILLING OF ANY KIND
Indicate how Cash Credit Card
account will be paid _____ (name of credit card) Email Address _____

Driver's License No. _____ State _____

_____ Date of Birth _____ Sex _____

In case of emergency, who should we contact (local number please) _____

Pet's Name _____ Male Female Age _____

Cat Other Breed & Color _____ Has pet been Yes
 Dog (Specify) _____ Spayed/Castrated No

Previous Doctor's Name _____ May we request your pet's Yes
health records from him/her? No

How did you learn Yellow Pages Recommendation Other (specify)
of our clinic Hospital Sign Website

If personal recommendation, name of person _____

Reason for today's visit: _____

Full Payment is due when patient is released. On your request, we will provide you with a written estimate of fees for any case hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment may be required depending on the amount of the estimate.

Owners Signature _____ Date _____

NOTICE TO OUR NEW CLIENTS

Our office accepts the following methods of payment:

CASH
DEBIT CARD
ALL MAJOR CREDIT CARDS
CARE CREDIT

We are not able to accept personal or business checks from new clients. New clients must have built at least a one (1) year business relationship with Beaches Animal Clinic with at least a minimum of three (3) transactions using one of the above noted methods of payment before we are able to accept a personal or business check.

We do not, in any circumstance, allow billing of services or products. Full payment is expected at the time veterinary services are rendered. If you are in need of a pay-over- time plan, our receptionists are able to assist with your application of Care Credit prior to any services being rendered. Please ask for more information.

We require a minimum \$200.00 deposit on all emergencies and/or extensive medical treatment prior to patient admittance.

I have read and fully understand the contents of this notification:

Client signature:

Date:
