

JOLLY POND VETERINARY HOSPITAL CLIENT REGISTRATION FORM

Owner: _____
Last First Title

Mailing Address: _____
Street City, State, Zip Code

Cell #: _____ Home #: _____

Preferred Contact: Cell Home
This number will be used for appointment reminders, vaccine reminders, and most client communications.

Email: _____

Spouse or Co-Owner's Name: _____ Cell #: _____

How did you first hear of us? _____

Pet No. 1

Pet No. 2

Name: _____

Name: _____

Birth Date: _____

Birth Date: _____

Species: Dog Cat Rabbit

Species: Dog Cat Rabbit

Breed: _____

Breed: _____

Color: _____

Color: _____

Sex: Male Female / Neutered Spayed

Sex: Male Female / Neutered Spayed

Any Long-Term Problems or Health Concerns:

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I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. I agree to a 24% APR finance charge added to any balance due over 60 days, with a minimum finance charge of \$2.00 and a \$50.00 fee for all returned checks. Any accounts unpaid after 60 days are subject to collection. I understand any accounts sent to collection will be charged interest, and any court and attorney fees are my responsibility.

Signature of Owner or Agent: _____ Date: _____