WELCOME

TO

THE PET DOCTOR

CLIENT REGISTRATION

Owner_____ Spouse_____

Address_____ City_____State____Zip_____

Home Phone_____Cellular Phone_____

Work Phone_____ Spouse's Work Phone_____

Employer_____ Spouse's Employer_____

Email Address _____ (For internal use only)

How did you hear about us? Yellow Pages Internet Drive By Referral

Whom may we thank for the referral?_____

Payment is expected at the time of service. Please check your method of payment.
[ ] Check [ ] Cash [ ] Credit Card [ ] Debit Card

Are you eligible, and in need of, a 10% senior discount (65 and older)? YES [ ] NO [ ]

Are you eligible for a 5% military discount? YES [ ] NO [ ]

All returned checks are subject to a $25.00 fee.
Accounts turned over to collections are subject to any additional fees and charges.

In the event that my pet(s) records, including radiographs and lab work, should need to be released, I authorize the staff of The Pet Doctor to do so.

_____ _____
Signature of Owner or Responsible Party Date