# 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 [ ] Care Credit

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.

We accept Care Credit for all services. If you plan on using this method of payment please inform a member of our staff for further instructions.

How would you like to be reminded for upcoming appointments?

[ ] Mailed [ ] Call [ ] Email [ ] Text

_____ _____

Signature of Owner or Responsible Party Date