



## CLIENT REGISTRATION FORM

Thank you for giving us the opportunity to care for your pet. Please help us to better meet your needs by taking a few moments to completely fill out this information sheet. PLEASE PRINT IN INK AND SIGN.

### INFORMATION ABOUT YOU

PRIMARY OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT/SUITE# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DL#: \_\_\_\_\_ STATE OF DL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

HOW DID YOU FIND US?  FRIEND  YELLOW PAGES  WEBSITE  INTERNET  WALK-IN  FLYER  NEWSPAPER  OTHER \_\_\_\_\_

### INFORMATION ABOUT YOUR PET

PETS NAME: \_\_\_\_\_ DATE OF BIRTH/AGE: \_\_\_\_\_

SPECIES: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

SEX:  MALE  FEMALE  SPAYED  NEUTERED KNOWN ALLERGIES (FOOD, DRUG, ETC): \_\_\_\_\_

IS YOUR PET CURRENT ON VACCINES? \_\_\_\_\_ LAST VACCINATION DATE: \_\_\_\_\_

PRIMARY/PREVIOUS VETERINARIAN: \_\_\_\_\_

REASON FOR VISIT: \_\_\_\_\_

**PAYMENT TERMS:** We accept cash, Visa, MasterCard, Discover, American Express, Debit ATM Cards and Care Credit. Payment of the entire medical treatment plan is required on all patient admissions, and the balance, if any, is due upon patient discharge. I agree to make prompt and complete payment upon discharge of my pet(s).

**PATIENT AGREEMENT:** I/we hereby authorize The Ark Animal Hospital, LLC and all assistants of its choice to administer any medical and/or surgical treatments/procedures as is considered therapeutically and/or diagnostically necessary. I further understand that no guaranty of successful treatment is made. I/we hereby release The Ark Animal Hospital, LLC and all its personnel or assistants, from any liability by any reason of any act hereinabove authorized. I assume full financial responsibility for all charges incurred for the care of my pet(s). I further understand that if I fail to pay the entire amount, a monthly service charge of 1.5% will be added to any unpaid balances over 30 days.

**MEDIA RELEASE AUTHORIZATION:** I authorize The Ark Animal Hospital, LLC to use, reproduce, and/or publish photographs and/or video that may pertain to my pet —including my pet's image, likeness and/or sound without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on The Ark Animal Hospital's Internet Web Page or its other social media sites. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, The Ark Animal Hospital, LLC may publish materials, use my pets' name, photograph, and/or make reference to my pet(s) in any manner that The Ark Animal Hospital, LLC deems appropriate in order to promote/publicize/educate service opportunities.

DECLINED \_\_\_\_\_ ACCEPTED \_\_\_\_\_

Owner or Responsible Party \_\_\_\_\_ Date: \_\_\_\_\_