The Heights Animal Hospital

New Client Registration Form

Thank you for choosing our animal clinic. We pride ourselves in offering high quality medical care and emphasize preventive medicine. We look forward to serving you and caring for your pet's needs for many years to come. Please complete this form so we can accurately enter this information into our files. To open an account with us, *you must be at least 18 and provide a photo ID, such as a driver's license or state I.D*

PET OWNER'S NAME: _____ (Last, First)

ADDRESS: _____

PREFERRED NUMBER :___)___-_____ **ALT. #**:___)____-_____ **E-MAIL**:_____

(We use your e-mail address to better communicate with you and offer you an optional free Pet Portal. Pet Portals are private websites that give you secure online access to your pet's health information, exclusive offers and online requests. We provide Pet portals **free** of charge to all clients who have active e-mail addresses. We do not sell our mailing list and we do not disclose your personal information.)

DRIVER'S LICENSE#:_____ **EX. DATE**:___/___/___ **SOCIAL SECURITY #**____-____-____

EMPLOYER:_____**OCCUPATION**:_____

ADDRESS:_____ **PHONE**:____) _____-_____

SPOUSE/PARTNER:_____(Last, First) **PHONE**:____) _____-_____

SPOUSE EMPLOYER:_____ **PHONE:**___)____-_____

IF YOU ARE UNAVAILABLE, WHOM SHOULD WE CONTACT IN CASE OF AN EMERGENCY?

_____

	Pet 1	Pet 2	Pet 3
Name			
Canine/ Feline			
Breed			
Color			
Birthday/Age			
Male/Feline			
Allergies			

- Internet Search-(if so, please specify) Yelp Google LocalVet.com Other website
- Personal Recommendation (Whom May We Thank?)_____
- Yellow Pages Drive By Other

We pledge to do our very best care for your pet's health needs. In return we ask you to accept the responsibility for charges incurred in the treatment of your pet and understand that ***Payment is due at the time of service***. We accept cash, checks, and credit card (Visa, Mastercard, Discover), and we offer Care Credit if you need a payment plan. Please feel free to ask for an **Estimate** if one is not offered to you prior to services being performed. **If at any time you are not satisfied with our service, please let us know.** We will be happy to address your questions, comments, or concerns.

Agreement Terms: Balances due over 30 days will be charged a 2% monthly interest charge (24% APR). Checks returned for non-sufficient funds will be charged a $30 returned check fee. Additional collection fees will be charged if your past due account is sent to Collections or Small Claims Court.

I agree to pay for all the services rendered in accordance with the terms and conditions of this office. I, or my agent, hereby authorize the doctor (s) at The Heights Animal Hospital to diagnose, prescribe, and treat my animals.

Signature:_____ Date:_____