

(ACCT. #)

AM/PM Animal Hospital, P.C. CLIENT REGISTRATION

NAME: _____ SPOUSE/OTHER: _____
(First) (Last)

ADDRESS: _____ Apt: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE #'s: Best () - 2nd () - Work () -

E-MAIL: _____ PLACE OF EMPLOYMENT: _____

DRIVER'S LICENSE #: _____ STATE _____ S/S # _____ BIRTHDATE: _____

REGULAR VETERINARIAN'S OFFICE: _____

Found us via: Internet Yellow Pages Sign Referred By _____

PET INFORMATION:

PET NO. 1	PET NO. 2	PET NO. 3
NAME: _____	_____	_____
SPECIES: CAT ___ DOG ___	CAT ___ DOG ___	CAT ___ DOG ___
BREED: _____	_____	_____
COLOR: _____	_____	_____
GENDER: Male/Neutered Female/Spayed	Male/Neutered Female/Spayed	Male/Neutered Female/Spayed
DATE OF BIRTH: _____	_____	_____
VACCINATION HISTORY: current / not current	current / not current	current / not current

Would you allow us to place information and photos of your pet on Social Media? Yes: _____ No: _____ (Initials)

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I also authorize and provide my written consent to the transfer of any medical information. I assume responsibility for all charges incurred in the care of this animal. **Payment is due when services are rendered. For your convenience, we accept VISA, MASTERCARD, DISCOVER, CARE CREDIT, and AMEX.**
***Please note that a 1.5% monthly interest fee will be assessed to all balances over 30 days past due ***

Signature of Owner or Responsible Party

Date