

ANIMAL CLINIC OF VILLAGE SQUARE

REGISTRATION FORM

OWNER NAME _____ SPOUSE/CO-OWNER NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELLULAR _____ E-MAIL _____

WORK PHONE: 1ST PERSON _____ 2ND PERSON _____

Where did you first hear about us? Yellow Pages Newspaper Internet Television

Friend/Relative (Whom may we thank?) _____

Other (Please explain) _____

PET INFORMATION

NAME	BREED	COLOR	SEX	AGE D.O.B.	SPAYED NEUTERED	MICROCHIP #

MEDICAL HISTORY

WHAT DO YOU REGULARLY FEED YOUR PET?: _____

WHAT TREATS DO YOU GIVE YOUR PET?: _____

Is your pet currently taking any medications? If so, what kind and how often? _____

LIST ALL KNOWN ALLERGIES OR REACTIONS TO MEDICATIONS: _____

LIST ANY PREVIOUS SURGERY OR SERIOUS ILLNESSES: _____

PAYMENT POLICY

Payment for services must be paid in full at the time services are rendered or before your pet is released from the hospital. Payment is required before all surgeries and hospitalizations.

For your convenience, we honor personal checks, with proper identification, Debit, Visa and Master Card. **Animal Clinic of Village Square can not extend credit.** I UNDERSTAND AND AGREE TO THE ABOVE PAYMENT POLICY.

Owner's Signature _____ Date _____

Driver License Number _____