



CLIENT REGISTRATION FORM

Date: _____

Form with fields: Last Name, First Name, Email, Home Phone, Cell Phone, Business Phone, Address, City, State, Zip Code

Table with 4 columns: Pet 1, Pet 2, Pet 3 and rows for Name, Species, Breed, Color, Date of Birth, Sex, Altered

All services are to be paid in full at the time they are rendered. You agree to pay such fees in full at the time they are rendered by the following means: Cash/ Check/ Visa/ Master Card/ American Express/ Discover/ Debit

Check accepting policy: 1. Imprinted current address and telephone number. \$35.00 service charges will apply to return checks. 2. Billing charges will apply for accounts outstanding. 3. Valid California Drivers License # _____ Exp. _____

- 1. Treatment- I hereby authorize PetCura Animal Hospital to administer such treatment, surgery and additional procedures as necessary on the basis of the findings during examination. An estimate will be presented and authorized before treatments of most patients.
2. Payment- The undersigned agrees whether he/she signs as owner or agent, that in consideration of the services rendered to the above patient, he/she obligates himself/herself to pay all fees incurred at the time the patient is released.
3. Returns/Refunds- All sales are final on services and no refunds will be issued. Inventory is returnable 30 days from purchase date. No refunds or returns on prescription medication as regulated by FDA regulations.
4. After Hour Care:- No personnel on premises after hours. If needed your pet maybe transferred to an emergency hospital.
5. Do you have pet insurance? Yes No If yes who?
6. Do you have care credit? Yes No Account number:

Signature: _____ Date: _____

How did you hear about us ?

- PetCura Sign Friend referral Google Yahoo Bing Yelp Angie's List Yellowpages.com Yellow Pages Book Other