

CLIENT/PET REGISTRATION FORM

OWNER INFORMATION

Name: (Last) _____ (First) _____ (MI) _____
 Home Phone: _____ Employer Phone: _____ Cell: _____
 E-Mail Address: _____
 Address: (Street) _____ City/State _____ Zip _____
 Employer: _____
 Employer Address: _____
 (For payment purposes only)
 Social Security No.: _____ - _____ - _____ Drivers License No.: _____ (state) _____ D.O.B. _____

SPOUSE INFORMATION (Alternate contact – please indicate relation)

Name: (Last) _____ (First) _____ (MI) _____
 Home Phone: _____ Employer Phone: _____ Cell: _____
 E-Mail Address: _____
 Address: (Street) _____ City/State _____ Zip _____
 Employer: _____
 Employer Address: _____
 (For payment purposes only)
 Social Security No.: _____ - _____ - _____ Drivers License No.: _____ (state) _____ D.O.B. _____

How did you hear about our hospital? Whom may we thank for referring us to you? _____

I/We undersigned agree that **all services rendered are to be paid in full at the time they are rendered.** I understand that if a balance is not paid, I will be responsible for, in addition to the initial balance, any collection and/or reasonable attorney fees that are incurred in an attempt to collect this debt. I have been informed there is a fee for all returned checks and this fee should and will be added to my initial balance. We accept Cash/Check/Master Card/Visa as forms of payment. I understand a copy of my driver's license will be needed for all forms of payment, except cash. This copy is confidential and for payment purposes only. **All sales are final, no returns on products and prescriptions. Fees for services are not refundable.**

In accordance with Code of Virginia Section: 54-3806, I acknowledge that the Boulevard Veterinary Hospital does not provide continuous medical care between the hours of 7:00PM (Monday) – 8:00AM (Tuesday); 5:30PM – 8:00AM (Tuesday – Friday); 1:00PM (Saturday) – 8:00AM (Monday).

The undersigned certifies that He/She/We is(are) at least 18 years of age and that He/She/We is (are) the owner(s) and/or responsible party for the below described animal(s) and is duly authorized to execute decisions made for them. **All information I have provided is true. I have read and understand the above stated information.**

Signature: _____ Date: _____

PETS IN HOUSEHOLD	PET#1	PET#2	PET#3	PET#4	PET#5	PET#6
NAME						
SPECIES						
BREED						
COLOR						
SEX						
DOB						