

Client Registration Form

Name:
Address:
Telephone:
E-Mail:

Additional Persons authorized to present pet for treatment:

Name:	Phone:
Name:	Phone:
Name:	Phone:

Do you wish to be notified by: Phone ☐ E-mail ☐

Employed By:	Phone:
Spouse's employer:	Phone:
May we contact you at work?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you wish to pay by check we request the following information:

Driver's License Number:	Spouse
Social Security Number:	Spouse

Previous Veterinarian or Hospital:

How did you become aware of our clinic? ☐ Drove By ☐ Google/Internet ☐ Previous Client
Personal Recommendation (whom may we thank)?

I authorize NSAH to release my pets records when requested (by boarding kennels, licensing agency, specialist, etc.

YES ☐ No ☐

I authorize NSAH to post pictures of my pet on Social Media Yes ☐ No ☐

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.

All fees are due at the time services are rendered.

We accept the following forms of payment: Cash, Check, Master Card, Visa, Discover, Care Credit

Owner
Signature:

Date

X _____