



## CONFIDENTIAL CLIENT REGISTRATION

Thank you for giving Irving Pet Hospital the opportunity to care for your animal companion. Please complete the following so that we may become better acquainted.

### OWNER INFORMATION:

Name: \_\_\_\_\_ Owner Date Of Birth \_\_\_\_\_

Co-Owner/Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ (Is this a cell phone? Y N)

Secondary Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Co-Owner Alt Phone: \_\_\_\_\_ & Wk Phone: \_\_\_\_\_

If you will be writing checks please provide:

Driver's License number: \_\_\_\_\_ State: \_\_\_\_\_

HOW DID YOU BECOME AWARE OF OUR HOSPITAL? (whom may we thank?)

Online Search (please circle) AOL Bing City Search Google Yahoo! Yellow Pages

Newspaper Ad (please circle) Castro Courier Miraloma Life Richmond Review Sunset Beacon

\_\_\_ Yellow Pages \_\_\_ Sign \_\_\_ Yelp \_\_\_ Pet Store \_\_\_ Rescue Society \_\_\_\_\_

\_\_\_ Other Hospital \_\_\_\_\_ Personal Recommendation \_\_\_\_\_

If you would like to receive emails about programs or specials happening at the hospital please provide your email account: \_\_\_\_\_

|   |   |   |
|---|---|---|
| Pet's Name: _____<br>Canine Feline Rabbit Rodent<br>Other: _____<br>Breed: _____<br>___ Male ___ Female Neutered/Spayed? Y N<br>Color: _____<br>Birth date or age: _____<br>Date of last vaccination(s): _____<br>DHLPP / FVRCP: _____<br>RABIES: _____<br>LYME / FELV: _____<br>OTHER: _____ | Pet's Name: _____<br>Canine Feline Rabbit Rodent<br>Other: _____<br>Breed: _____<br>___ Male ___ Female Neutered/Spayed? Y N<br>Color: _____<br>Birth date or age: _____<br>Date of last vaccination(s): _____<br>DHLPP / FVRCP: _____<br>RABIES: _____<br>LYME / FELV: _____<br>OTHER: _____ | Pet's Name: _____<br>Canine Feline Rabbit Rodent<br>Other: _____<br>Breed: _____<br>___ Male ___ Female Neutered/Spayed? Y N<br>Color: _____<br>Birth date or age: _____<br>Date of last vaccination(s): _____<br>DHLPP / FVRCP: _____<br>RABIES: _____<br>LYME / FELV: _____<br>OTHER: _____ |
|---|---|---|

The undersigned hereby acknowledges that s/he is entering into an agreement with Irving Street Veterinary Hospital for veterinary services. As owner or authorized agent, I understand that the hospital shall obtain permission for treatment from the person presenting the patient and shall provide an estimate of costs. I also realize that in the event of unforeseen circumstance, emergency measures may have to be instituted before my permission can be obtained. Fees are due and payable at the time services are rendered. A deposit may be required prior to performing service. Any past due accounts will be charged a finance charge of 1.75% monthly which is an annual percentage of 21% as well as a billing charge of \$2.50 per month. There will be a service charge of \$25.00 on all returned checks. Any account requiring outside collection will be charged all applicable collection fees incurred by this hospital. I have read the above and hereby authorize the veterinarian to examine, prescribe for, or treat the above pet(s). I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OUR BUSINESS CONTINUES TO GROW WITH REFERRALS FROM OUR CLIENTS. IF YOU ARE HAPPY WITH US, PLEASE TELL YOUR FRIENDS. IF NOT, PLEASE TELL US!