

Welcome to Dillsburg Veterinary Center! We are pleased to have you with us and thank you for giving us the opportunity to care for your pet(s). Please fill out the following information so that we may begin/update the medical file.

CLIENT REGISTRATION FORM

Client Information

| | |
|--|--|
| Owner's Name | Co-Owner's Name |
| Address | City State / Zip |
| Owner's Cell Phone Number | Owner's Work Number |
| Co-Owner's Cell Phone Number | Co-Owner's Work Number |
| Owner's Email | Co-Owner's Email |
| Employer Name | Co-Owner's Employer |
| May we contact you at work if necessary? YES NO | May we contact the co-owner at work if necessary? YES NO |
| Best time to reach you | Preferred method of communication CELL PHONE TEXT EMAIL |
| In case of EMERGENCY , please call | Emergency Contact Phone Number |
| How did you hear about us? SIGN / LOCATION GOOGLE SEARCH YELP ANGIE'S LIST LOCALVETS.COM PHONE BOOK DILLSBURG BANNER OUR WEBSITE | |
| FACEBOOK OTHER | INDIVIDUAL |

Animal Information

1. Pet Name

| | |
|---------------------|---|
| Breed | Species CANINE FELINE OTHER |
| Age (Date of Birth) | Description (Color / Markings) |
| | Sex MALE FEMALE Altered or Spayed? YES NO |

2. Pet Name

| | |
|---------------------|---|
| Breed | Species CANINE FELINE OTHER |
| Age (Date of Birth) | Description (Color / Markings) |
| | Sex MALE FEMALE Altered or Spayed? YES NO |

3. Pet Name

| | |
|---------------------|---|
| Breed | Species CANINE FELINE OTHER |
| Age (Date of Birth) | Description (Color / Markings) |
| | Sex MALE FEMALE Altered or Spayed? YES NO |



CLIENT REGISTRATION FORM

Consent for Treatment

I, the undersigned owner or owner's agent, of the pet's identified on the pet information sheet(s), acknowledge and confirm the information here and on additional pages, is accurate and correct to the best of my understanding.

I, the undersigned owner or owner's agent, of the pet's identified on the pet information sheet(s), certify that I am over eighteen (18) years of age and thereby consent to the examination of my pet by the veterinarians and staff of Dillsburg Veterinary Center, and, after consultation with me, to prescribe medications for, treat, hospitalize, anesthetize and/or perform surgery on my pet. I understand that some risks always exist with the medical treatment of my pet, including anesthesia and surgery and that I am encouraged to discuss in detail my concerns and understand the risks with my attending veterinarian before treatment is initiated. Should unexpected life-saving emergency care be required and my attending veterinarian is unable to reach me, Dillsburg Veterinary Center has my permission to provide such treatment and I agree to pay for such care. Veterinary services outside of normal business hours are at the discretion of the veterinarian in charge and continuous presence of personnel during these hours may not be provided to maintain 24 hour continuous supervision of my pet.

Financial Responsibility

I understand that an estimation of treatment costs will be provided for all anesthetic/surgical procedures and also upon request for any other recommended treatments. Estimations of treatment may be discussed prior to rendering any services or during continued medical treatment. If my pet is admitted to Dillsburg Veterinary Center for hospitalization for any reason, I understand that I may be required to pay a deposit of 50% of the estimated fees and assume financial responsibility for the remaining balance when my pet is discharged.

All professional fees are due at the time services are rendered. We accept cash, checks (*with a current Driver's License on file), VISA, MasterCard, Discover & Credit Card. There is a \$50.00 fee for any returned checks. Legal fees pertaining to the collection of an outstanding debt will be the responsibility of the owner(s). For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

Abandonment

Any animal left without owner involvement after 5 days written notice via certified mail is subject to abandonment rights and Dillsburg Veterinary Center may dispose of animal as they see fit. Abandonment does not relinquish an owner from charges still pending and the owner will remain responsible for all charges plus interest. Owner agrees to pay a minimum finance charge of 1.5% per month on all amounts due and owing to Dillsburg Veterinary Center.

Photo Consent

Do you authorize Dillsburg Veterinary Center to use pictures of your pet(s) for clinic brochures, clinic website, promotional purposes such as Facebook, and/or educational purposes? **YES** **NO** If **Yes**, please complete the following:

I, _____ the owner names above, authorize Dillsburg Veterinary Center to use pictures of my present pet(s) and all future pets for the purposes of clinic brochures, clinic website, promotional purposes such as Facebook, and/or educational purposes. I understand that once my consent is given, it remains in effect until I provide written revocation of consent.

Owner Signature:

Date: