

**Client Registration Form**

Owner's Last Name:		Pet's Name:	
Address:		First Name:	
City:	State:	Email:	
Home Phone:	Cell Phone:	Zip Code:	
Employer's Name:	Driver's License Number:		
Employer's Address:	Employer's Phone:		

Spouse's Last Name:		First Name:	
Address:			
City:	State:	Zip Code:	
Home Phone:	Cell Phone:	Work Phone:	
Employer's Name:	Driver's License Number:		
Employer's Address:	Employer's Phone:		

How did you learn of our clinic?  Yellow Pages  Sign  Referred by: \_\_\_\_\_

Veterinary practice(s) where past records could be obtained: \_\_\_\_\_

**Payment Policy**

(Please check each item as it is read)

- Payment in full is expected at the time of service, or upon discharge for hospitalized patients.
- We do not bill for services or products. Any balance left unpaid will be turned over to a collection agency and recorded on the individual's credit report.
- Medications and/or products will be withheld due to non-payment.
- No additional services will be provided if a balance is due.
- Medical records will not be released if a balance is due.
- An estimate of fees will be discussed before services are provided. A deposit is required for hospitalized patients at the time of admission. A veterinarian will consult with you prior to changes in diagnostic or treatment plans which may increase fees.
- We accept cash, personal checks (with proper I.D.), Visa, MasterCard, and Discover. All checks will be verified by the bank before acceptance. A \$25.00 fee will be charged for all returned checks.

I hereby authorize the veterinarian(s) at the Animal Medical Center of Miamisburg to examine, prescribe for, and/or treat the above named pet. I assume responsibility for all charges incurred in the care of this animal. I also understand and accept the payment policy as explained above.

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF PERSON PRESENTING PET FOR TREATMENT IF OTHER THAN OWNER _____			
SIGNATURE OF PERSON PRESENTING THIS PET FOR TREATMENT _____			DATE _____
ADDRESS OF NON-OWNER: _____		CITY _____	STATE _____ ZIP CODE _____
TELEPHONE NUMBER OF NON-OWNER: _____		CELL PHONE NUMBER _____	
RELATIONSHIP TO OWNER _____			