



CLEVELAND PARK ANIMAL HOSPITAL

CLIENT REGISTRATION FORM

(Clients must be at least 18 years old)

Owner Name: _____ DOB: _____ Spouse Name: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Driver's License #: _____ State Issued: _____ Expiration Date: _____

Social Security #: _____

Email Address: _____ (used for our web portal, reminders, etc)

PET #1

Circle one: Cat Dog Horse Goat Cow Pig Other
Pet's Name _____ Male _____ Neutered _____ Female _____ Spayed _____
Breed _____ Color _____ DOB _____ or approx. Age _____

(attach copy of vaccination records)

PET #2

Circle one: Cat Dog Horse Goat Cow Pig Other
Pet's Name _____ Male _____ Neutered _____ Female _____ Spayed _____
Breed _____ Color _____ DOB _____ or approx. Age _____

(attach copy of vaccination records)

PET #3

Circle one: Cat Dog Horse Goat Cow Pig Other
Pet's Name _____ Male _____ Neutered _____ Female _____ Spayed _____
Breed _____ Color _____ DOB _____ or approx. Age _____

(attach copy of vaccination records)

I understand and agree to the fact that it is a policy of this animal hospital to receive full payment at the time services are rendered. We accept Visa, MC, Amex, Discover, Checks, Cash & Care Credit.

We promptly prosecute for unpaid NSF checks. Cleveland Park Animal Hospital charges an interest rate of 1.5% (with a minimum of \$5) on any unpaid balance at the end of each month. Cleveland Park Animal Hospital may seek additional legal assistance for collections of unpaid accounts at the client's expense. Additional collections fees may be applied to delinquent accounts.

I am at least 18 years of age and accept full financial responsibility for the care of my pets. I understand that I will be held accountable for any/all charges incurred on this account.

SIGNATURE: _____ Date: _____