CLIENT REGISTRATION FORM

PLEASE PRINT

CLIENT INFORMATION: Have you ever been to this hospital before? □ Yes □ No

Primary Owner Name_____

Spouse/Emergency Contact _____

Address_____ Apt _____

City/State/Zip_____

Phone ( ) _____-_____ Work ( )_____-_____ Cell ( )____-_____

Best number to reach you ( )_____-_____

E-mail _____

PET INFORMATION

Pet 1

Name_____ Dog/ Cat/ Ferret/ Pocket Pet M / F Spayed Neutered
Breed_____ Color_____ Age_____ Weight_____

Pet 2

Name_____ Dog/ Cat/ Ferret/ Pocket Pet M / F Spayed Neutered
Breed_____ Color_____ Age_____ Weight_____

Pet 3

Name_____ Dog/ Cat/ Ferret/ Pocket Pet M / F Spayed Neutered
Breed_____ Color_____ Age_____ Weight_____

My pet _____ is here today for _____

Do you have current vaccine records? _____

Do you currently have pet insurance? _____ If so, what is the name of your insurance company? _____

Is your pet on any prescribed or over the counter medications: Vitamins, Heartworm Preventive, Topical Flea and/tick, Worming medication, other_____

Do you board your pet when you are away? _____

Would you like a tour of the hospital or boarding facility? _____ (Not available during treatment hours)

How did you hear about Jacksonville Veterinary Hospital? _____

Previous Veterinary Hospital _____

Phone Number_____

Previous Veterinarian_____

Please tell us if you were referred by one of our clients. _____

IMPORTANT FINANCIAL INFORMATION

Payment is expected when services are rendered. We accept cash, checks (with proper ID) and Visa/MasterCard and Discover. We also offer Care Credit with 6 months interest free financing or 24 months at 14.99%. Please ask your receptionist for information. We do not bill for services.

I hereby authorize the doctor and technicians to administer services/treatment as explained to me by the doctor. I assume all financial responsibility for all charges incurred for the care and treatment of my pet(s). I understand that services are to be paid for when rendered.

At my request, I will receive a written estimate for services for anything other than routine care which I may decline for any reason.

_____ _____/_____/_____ _____AM/PM

Owner/agent Date Time

Staff Initial_____

JACKSONVILLE VETERINARY HOSPITAL

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