

# CLIENT REGISTRATION FORM

## Client Information

Title: Mr. Mrs. Miss. Dr. County \_\_\_\_\_  
First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_ Cook Dupage \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ State: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Declined Email Reminders  
Phone Numbers:  
(\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Home (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Work  
(\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Spouse

## Patient Information

Pet's Name	Sex				Species		Age OR DOB	Breed	Color
	Male	Neutered	Female	Spayed	DOG	CAT			
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								

## Owner/Agent Authorization

I hereby authorize the veterinarian to examine, prescribe or treat the above described pet(s). I assume full responsibility for all the charges incurred in the care of the animal(s). I also understand that these charges must be paid prior to any hospitalization, inpatient care, surgery or any procedure and for all other outpatient visits like vaccinations at the time of check out. I am 18 years or older and legally allowed to make financial & personal decisions.

## Hospital Policy

1. All services and procedures are non-refundable.
2. State of Illinois law prohibits us from taking any returns on any medications.
3. **We Do not Bill.** We accept cash, Visa, Mastercard, Debit Card.
4. We offer 6 months interest free payment plan for \$500 or up.
5. We do not accept CareCredit for routine transactions unless prior approved by us.
6. We do not accept personnel, company check, Discover card or American Express card
7. All transactions are final. We can't alter, modify or switch any transactions once paid.

How will you be paying today? Cash  Visa  MasterCard  Debit Card  CareCredit   
If you intend to pay with CareCredit, please ask first. We may decline accepting CareCredit for certain services.

Payment is required at the time of service. We may ask you to pay first in certain circumstances.

Owner/Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_