

NORTH HALEDON VETERINARY CARE

-----NEW CLIENT REGISTRATION FORM-----

Date _____

Owner's Name _____ Spouse/Other _____

Address _____ City _____ St _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____ Cell Phone _____

Employer's Name and Address _____

Emergency Name and Phone _____

How did you first hear of us?

____ Referred by _____

____ Yellow Pages ____ Internet ____ Drive by ____ Other _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Estimates will be provided at your request.

We accept the following methods of payment: **Checks, Cash, Visa, MasterCard, Discover**

We **DO NOT** accept American Express.

I assume financial responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time services are rendered and that a deposit may be required prior to treatment.

Owner or Responsible Party Signature: _____

PET'S INFORMATION:

Pet's Name _____ Date of Birth _____

____ Dog ____ Cat ____ Other _____ Sex _____ Neutered(Y/N) _____

Breed _____ Color _____

Reason for Visit _____

Prior Illness or Treatments _____

Previous Veterinarian (if any) _____