

PROSPECT RIDGE VETERINARY HOSPITAL
NEW CLIENT REGISTRATION FORM

PLEASE PRINT OUT THIS FORM, FILL IT OUT AND BRING IT WITH YOU ON YOUR FIRST VISIT.

LAST NAME _____ FIRST NAME _____ (MR/MRS/MS/DR)

SPOUSE'S (SO) NAME _____

HOME PHONE # _____ FAX # _____

CELL # _____ SPOUSE CELL# _____

WORK # _____ SPOUSE WORK# _____

EMAIL _____ SPOUSE EMAIL _____

HOME ADDRESS _____

WORK ADDRESS _____

WORK ADDRESS (SPOUSE) _____

NUMBER STREET APT#/PO BOX TOWN ZIP CODE

PET'S NAME _____ DATE OF BIRTH/AGE _____

HOW LONG HAVE YOU HAD PET? _____ WHERE FROM? _____

BREED _____ SEX: MALE / FEMALE SPAYED/NEUTERED? YES / NO

REASON FOR VISIT _____

PREVIOUS VETERINARIAN _____ PHONE # _____

HOW DID YOU FIND US? (CIRCLE) PHONE BOOK • INTERNET • WEB SITE • FRIEND REFERRAL • SIGN

REFERRED BY: _____

IF YOU INTEND TO PAY WITH A CHECK OR CREDIT CARD, WE MUST HAVE ALL OF THE FOLLOWING INFORMATION (NO EXCEPTIONS):

CREDIT CARD # _____ (CIRCLE ONE) VISA • MC • AMEX • DEBIT

EXPIRATION DATE _____ SECURITY CODE _____

NAME ON CARD _____ SOCIAL SECURITY# _____ - _____ - _____

DRIVER'S LICENSE # _____ STATE _____

OWNER OF CREDIT CARD/CHECKING ACCOUNT MUST BE PRESENT TO SIGN AND AUTHORIZE PAYMENT AT THE TIME OF THE VISIT. YOU MUST HAVE THE ACTUAL CREDIT CARD WITH YOU.

PAYMENT IN FULL IS EXPECTED AT THE TIME OF THE VISIT. CHECKS ARE AUTHORIZED THROUGH TELECHECK™. IF CHECK IS DECLINED YOU MUST HAVE ALTERNATE FORM OF PAYMENT AVAILABLE. THERE IS A \$35 RETURNED CHECK FEE.