

Client # _____
for office use

EDGEWOOD ANIMAL CLINIC Client Registration Form

Owner's Last Name: _____ **First Name:** _____

Home Address: _____

Mailing Address if different: _____

City: _____ State: _____ Zip: _____ E Mail: _____

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

Place of Employment: _____

If we need to discuss your pet's health or condition, may we call you at work? Yes No

Would you like to receive E Mails for pet reminders? Yes No

Additional Owner's Name: _____

Cell Phone: _____ Work Phone: _____ E Mail: _____

If your pet has medical records from a previous veterinarian, we may need to contact them to complete your pet's medical record. If possible, please provide the name and location of previous veterinarians.

How did you choose to bring your pet to Edgewood Animal Clinic?

Location? Yellow Pages Ad? Referral from a friend?

Is there someone we may thank for referring you to our practice? _____

PLEASE READ & SIGN THE FOLLOWING:

I assume responsibility for all charges incurred in the treatment and care of my pet(s). I understand all fees are due at the time services are rendered. Payment may be made by cash, personal check, credit card or CareCredit.

Signature of Owner or Responsible Party

Driver's License Number

Today's Date