

CARING HANDS VETERINARY HOSPITAL

OWNER'S INFORMATION

CLIENT REGISTRATION FORM

Form fields for Owner's Information: LAST NAME, FIRST NAME, M.I., ADDRESS, CITY, ZIP, HOME PH#, CELL PH#, WORK PH#, OCCUPATION, EMPLOYER/CITY, DRIVER'S LIC.#, e-MAIL

CO- OWNER'S INFORMATION

Form fields for Co-Owner's Information: LAST NAME, FIRST NAME, M.I., ADDRESS, CITY, ZIP, HOME PH#, CELL PH#, WORK PH#, OCCUPATION, EMPLOYER/CITY, DRIVER'S LIC.#, e-MAIL, REFERRAL SOURCE, DESCRIBE (WHO/WHICH)

METHOD OF PAYMENT

CASH ATM CHECK- (VALID I.D. AND INFO PRINTED REQUIRED-NO P.O. BOX)

Form fields for Method of Payment: CREDIT CARD, VISA/MC ONLY- #, EXP.DATE, ZIP, BUSINESS CHECK- (ONLY BY PRE APPROVAL, WITH VALID I.D. AND OWNER PERSONAL INFO PRINTED ON CHECKS-NO P.O. BOX- )

IN CASE A PET OF MINE IS BROUGHT TO THIS FACILITY FOR TREATMENT BY A PERSON OTHER THAN MYSELF, I HEREBY AUTHORIZE ANY TREATMENTS AS DEEMED NECESSARY BY THE VETERINARIAN IN CHARGE TO A MAXIMUM OF US\$

Form field for maximum amount authorized: US\$

SERVICES MUST BE PAID IN FULL WHEN RENDERED. CHVH DOES NOT PROVIDE BILLING. PRE-ARRANGED PAYMENTS MUST BE MADE WITH CHECKS DATET WITH INVOICE DATE AND/OR CREDIT CARD AUTHORIZATIONS. ON ANY OUTSTANDING BALANCE, THE GREATER OF A \$2.00 OR 2% CHARGE WILL APPLY. A MINIMUM OF \$15 FEE WILL APPLY TO ANY RETURNED CHECK (S). I HAVE READ AND UNDERSTAND THE ABOVE.

Date

OWNER'S SIG.NATURE (COMPLETE FORM, PRINT & SIGN)

CO-OWNER'S SIGNATURE (COMPLETE FORM, PRINT AND SIGN)

PETS INFORMATION (FOR MORE PETS , PRINT FORM , RESET PET NAMES ONLY AND REPRINT)

Table with 6 rows and 8 columns for Pet Information: NAME, SPECIES, BREED, COLOR, SEX, B.D.