

CLIENT REGISTRATION
Green Bay and Allouez Animal Hospitals, Inc.

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|---|---|
| DATE: _____ | CLIENT NUMBER: _____ |
| OWNERS NAME: _____ | |
| CO-OWNER/SPOUSES NAME: _____ | |
| ADDRESS: _____ | |
| CITY: _____ STATE: _____ ZIP: _____ | |
| HOME PHONE: _____ | MAY WE CONTACT YOU AT WORK: YES__ NO__ |
| CELL PHONE: _____ | MAY WE TEXT YOU: YES__ NO__ |
| E-MAIL ADDRESS: _____ | MAY WE EMAIL YOU: YES__ NO__ |
| EMPLOYERS NAME: _____ | WORK PHONE: _____ |
| DRIVERS LICENSE NUMBER: _____ | STATE: _____ EXP. DATE: _____ |
| <i>BY PROVIDING THE FOLLOWING INFORMATION AT THIS TIME, WE WONT HAVE TO ASK FOR IDENTIFICATION EACH TIME A CHECK IS WRITTEN.)</i> | |
| HOW DID YOU HEAR ABOUT OUR HOSPITAL? __ HOSPITAL SIGN __ FRIEND/RELATIVE __ GOOGLE __ WEBSITE/FACEBOOK | |
| WHO CAN WE THANK FOR YOUR REFERRAL? _____ | |
| PREVIOUS VETERINARY HOSPITAL _____ | |
| PETS NAME: _____ | |
| DOG: _____ CAT: _____ | MALE: _____ FEMALE: _____ NEUTERED/SPAYED: YES _____ NO _____ |
| BREED: _____ | COLOR: _____ BIRTHDATE: _____ |
| PETS NAME: _____ | |
| DOG: _____ CAT: _____ | MALE: _____ FEMALE: _____ NEUTERED/SPAYED: YES _____ NO _____ |
| BREED: _____ | COLOR: _____ BIRTHDATE: _____ |

I hereby authorize GBAAH and its veterinarians to examine, prescribe for, and treat the above described pet. I release GBAAH and its veterinarians from any liability related to any such care. _____ Initial

I authorize GBAAH to use my pet's likeness for marketing purposes, including but not limited to use on their website or Facebook page. _____ Initial

I assume full responsibility for all charges incurred and I understand that a deposit may be required for hospitalization and/or treatment. I understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED and agree to pay for services. _____ Initial

I understand that there is a minimum \$35.00 service charge for all returned checks. Any unpaid accounts more than 30 days past due will be sent to a collection agency and will accrue a 1.5% interest charge.

_____ Initial

Signature of Owner or Financially Responsible Party (Must be 18 years or older)

_____ Today's date _____

We accept: Cash & Check / Debit Card / Discover / Visa & MasterCard / CareCredit