

NEW CLIENT REGISTRATION FORM

Owner's Name: (Mr Mrs Ms) _____
Last First

Spouse/Other: (Mr. Mrs Ms) _____
Last First

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-MAIL ADDRESS: _____

DRIVERS LICENSE # (Req. for check payments): _____
State Exp _____

Occupation/Employer: _____ Work Phone: _____ Ext: _____

Where do you prefer to be contacted? Home _____ Work _____ Other _____

Preferred Method of Payment: CASH () CHECK () MAJOR CREDIT CARD ()

How did you first hear about us? (Please include name of person, business or Veterinarian so that we may thank them: Yellow Pages () Pet Store () Veterinarian () Friend () Other ()
 Name of person, store or Dr who referred you: _____

	Pet 1	Pet 2	Pet 3	Pet 4
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	Pet 1	Pet 2	Pet 3	Pet 4
Name				
Species				
Breed				
Sex	M F	M F	M F	M F
Spayed/Neutered	Yes No	Yes No	Yes No	Yes No
Birthdate				
Color				
Vaccines Due?				

I hereby authorize the Marathon Veterinary Hospital to render surgical and medical care for my pet (s). I understand that payment is due in full when services are rendered, and a deposit is required before surgery or treatment can be initiated. Unpaid balances accrue finance charges of 36% annually.

Signature of Owner/Guardian _____ Date: _____