



CLIENT REGISTRATION FORM

Welcome to West Ballantyne Animal Hospital! Thank you for giving us the opportunity to care for your beloved pet. To ensure the best care possible, please fill out this form accurately and completely.

CLIENT INFORMATION

Primary Pet Owner: _____ Contact #: _____

Secondary Pet Owner: _____ Contact #: _____

Street Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ Work #: _____

E-Mail: _____ Driver's License State & #: _____

(All of your appointment and pet's vaccine reminders are sent via E-Mail.)

Emergency Contact: _____ Contact #: _____

How were you referred to us? ☐ Facebook ☐ Yelp ☐ Google ☐ Website ☐ Nextdoor ☐ Drive-by

☐ Client: Who may we thank? _____ ☐ Other: _____

FINANCIAL/HOSPITAL POLICIES

We ask that services be paid at the time services are rendered. At this time, our hospital does not offer any payment plans or deferred billing. We routinely provide estimate for recommended treatment plans but please ask if costs are unclear. A deposit is required for any hospitalized patient. We accept the following forms of payment: cash, personal check, Care Credit and credit/debit including Visa, Mastercard, Discover, and American Express. All unpaid invoices will incur a processing charge of 1.5% after 30 days. **Please note that when writing a personal check, a copy of a valid driver's license will be needed for processing. There is a \$35.00 fee for a returned check in addition to the fees that your bank may charge**

To help prevent the spread of infectious disease, we require that all hospitalized and surgical patients are current on the following vaccines. You must provide proof that your pet is currently up to date.

Canine: Distemper/Parvo, Rabies, Bordetella

Feline: Distemper, Rabies

Signature of Client Responsible for Pet

Date

Printed Name