

2017



Owner Registration

Owner's Name: _____
Last First Title

Address: _____
Street

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____

Employer: _____ Occupation: _____

Employer Address: _____

Spouse Partner Co-Owner Relative

Name: _____
Last First Title

Occupation: _____ Employer: _____

Work Phone: (_____) _____ Cell Phone: (_____) _____

How did you learn of our practice?: _____

Emergency Contact: _____
Name Phone #

Authorization:

In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of the East Greenbush Animal Hospital, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

Terms and Agreement:

I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. The parties agree that all payments still owing after the date of service may be assessed a service charge at the rate of one and one-half percent (1-1/2%) per month or eighteen percent (18%) per annum. In the event of default where it becomes necessary to place this account in the hands of a third party for collection, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees and court costs.

Signature of client responsible for pet: _____

Print Name: _____ Date: _____

HOSPITAL USE ONLY

Client # _____