

CHASE ANIMAL HOSPITAL

REGISTRATION FORM

DATE: _____

OWNER' S NAME: _____ SPOUSE:

DATE OF BIRTH: _____ SPOUSE DATE OF BIRTH:

ADDRESS:

CITY: _____ STATE: _____ ZIP CODE:

HOME TELEPHONE: _____ WORK TELEPHONE:

CELL PHONE: _____ EMAIL:

EMPLOYER' S NAME & ADDRESS:

IN CASE OF EMERGENCY CALL:

Please Check Your Preferred Method of Contact:

TEXT

PHONE

EMAIL

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY PET(S), INCLUDING SPECIAL ORDER PRODUCTS. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID IN FULL AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SOME TREATMENTS. IF MY PET IS NOT PICKED UP WITHIN 30 DAYS THE PET IS CONSIDERED ABANDONED AND MAY BE ADOPTED OUT AS A DOCTOR SEES FIT. THIS DOES NOT RELIEVE ME FROM PAYING FOR YOUR SERVICES AND OR BOARDING FEES THAT MAY OCCUR. IN ADDITION, I UNDERSTAND THAT I AM LIABLE FOR ANY SERVICE CHARGES ON MY UNPAID BALANCE, COURT COSTS, THE COST OF COLLECTION, AND REASONABLE ATTORNEY'S FEES.

SIGNATURE OF RESPONSIBLE PARTY: _____

IF YOU PAY BY CHECK OR CREDIT CARD - PLEASE COMPLETE THE FOLLOWING:

DRIVER' S LICENSE NUMBER: _____ STATE: _____ EXP. DATE

THE DOCTORS AND STAFF AT CHASE ANIMAL HOSPITAL WANT TO THANK YOU FOR
YOUR BUSINESS!!!