

CLIENT REGISTRATION FORM

Name _____ Spouse Name _____

Home Address _____

City _____ State _____ Zip Code _____

County _____ Home # _____

Cell # _____ Spouse Cell# _____

Employer _____ Work # _____

Spouse's Employer _____ Work # _____

May we call you at work? Self _____ Spouse _____

Your previous veterinarian: _____

Are you interested in holistic/natural medicine for pets?
Yes _____ No _____ If Recommended _____

NOTE: We have trained staff to restrain your pet for examination or treatment. If you elect to restrain your own pet, please understand we can not be responsible for any injury incurred.

ALL PAYMENTS ARE DUE AT THE TIME SERVICE IS RENDERED.

We accept the following methods of payment: Cash Check Visa MasterCard

DL # _____ Expires _____ Verified By _____ Date _____

In case I am unable to personally pick up my pet(s) after treatment and/or boarding, I hereby authorize Allatoona Animal Hospital to release my pet(s) to the following person(s):

1. _____ 3. _____

2. _____ 4. _____

Client signature _____ Date _____

WE ARE HAPPY YOU CHOSE US!

Your name please: _____

How did you hear about us?

_____ Drive By / Saw Sign

_____ Yellow Pages

_____ Web Site

_____ Referred by someone

We would like to thank the person who referred you to us.
What is their name? _____