



♥ WELCOME! ♥

CENTRAL ANIMAL HOSPITAL
203 D Street, Petaluma CA
707-762-2693

CLIENT REGISTRATION

We thank you for the opportunity to provide veterinary care for your pet family member. PLEASE PRINT ALL ENTRIES

Scanned:

Welcome sent:

Registered By:

Client ID:

(Office Use Only)

Client Name:		Home Phone:	
Spouse's/Co-owner's Name:		Work Phone (Self):	
Mailing Address: street city state zip		Work Phone (Spouse/Co-owner):	
		Cellular Phone (Self):	
		Cellular Phone (Spouse/Co-owner):	
Employer:		Emergency Contact Name and Number:	
Spouse's/Co-owner's Employer:		Please provide your email address: <i>We provide our clients with online access to their pet(s) records and the ability to receive medical and appointment reminders, news and other updates by email</i>	
Driver's License/Expiration: <i>(required for all clients wishing to pay by check)</i>			
How did you hear about us? Is there someone we may personally thank? _____ <input type="checkbox"/> Saw Our Hospital / Location <input type="checkbox"/> Centralanimalhosp.com <input type="checkbox"/> Facebook <input type="checkbox"/> Google/Yahoo/Bing/Other (choose one) <input type="checkbox"/> Yelp.com <input type="checkbox"/> Direct Mailing <input type="checkbox"/> Yellow Pages (print) <input type="checkbox"/> Petaluma Animal Services <input type="checkbox"/> Unleashed! <input type="checkbox"/> Petaluma Dog Walkers <input type="checkbox"/> Other _____			

PET # 1			PET # 2				
Pet's Name:			Pet's Name:				
Date of Birth or Age:			Date of Birth or Age:				
Species:	Dog	Cat	Other	Species:	Dog	Cat	Other
Breed:			Breed:				
Sex:	Male	Female		Sex:	Male	Female	
Neutered?		Spayed?		Neutered?		Spayed?	
Color/Markings:			Color/Markings:				
Is your pet microchipped? YES NO			Is your pet microchipped? YES NO				
Vaccinations were last given by (clinic name):			Vaccinations were last given by (clinic name):				
Allergies or Long-term Medical Problems:			Allergies or Long-term Medical Problems:				

OUR FINANCIAL POLICY: Full payment is required upon rendering of services. We do not carry open accounts. Payment options are: Cash, Check, Visa, Mastercard, Discover. We also offer Care Credit as a payment plan option providing 6 months no interest. Any client wishing to pay by check must provide proper ID. I agree to pay 1.5% per month or 18% per year on any unpaid balance. If a check is returned for insufficient funds, there is a \$25 returned check fee. If my account is sent to collections, I agree to pay any incurred fees including legal fees.

PLEASE ALSO NOTE: In accordance with CA Veterinary Medical Associations Code of Regulations, veterinary service during nighttime hours, some daytime hours and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours.

Signature: _____ Date: _____