

CLIENT REGISTRATION FORM

Date: _____

Last Name	First Name	Initial	Spouse
Home Phone	Cell Phone	Business Phone	Email
Address		City	State Zip Code
Business Name		Business Address	

	Pet 1	Pet 2	Pet 3
Name			
Species (Cat, Dog, Ect.)			
Breed			
Color			
Date of Birth			
Sex			
Altered?			
<i>Dates Last Vaccinated</i>			
DHLPP (Dog)			
Corona (Dog)			
Bordetella (Dog)			
FVRCP (Cat)			
FELV (Cat)			
FIP (Cat)			
Rabies (Dog & Cat)			
Heartworm Test (Dog & Cat)			
FELV/FIV Test (Cat)			

I/we understand all services are to be paid in full at the time they are rendered. I/we agree to pay such fees in full at the time they are rendered by the following means: Cash/ Check/ Visa/ Master Card/ American Express/ Discover/ Debit

Check accepting policy: 1. Imprinted current address and telephone number. \$25.00 service charges will apply to return checks.
 2. Finance charges and billing charges will apply for accounts outstanding.
 2. Valid California Drivers License # _____ Exp. _____

1. **Treatment-** I hereby authorize ABORN & GRIMMER VETERINARY HOSPITAL to administer such treatment, surgery and additional procedures as necessary on the basis of the findings during examination.
2. **Payment-** The undersigned agrees whether he/she signs as owner or agent, that in consideration of the services rendered to the above patient, he/she obligates himself/herself to pay all fees incurred at the time the patient is released. The undersigned certifies he/she has read and understands the preceding and has had a full explanation of all treatment and fees, as well as all risks associated with such treatments, anesthetics, and surgeries. The undersigned certifies he/she is eighteen (18) years of age and that he/she is the owner and/or owner's agent of the above animal and is duly authorized to execute the above and accept its terms.
3. **Discharge:** - I shall remove the patient from Aborn Pet Hospital within three (3) Days after being notified the patient is to be discharged. If not removed within three (3) days, the undersigned relinquishes all claim to the patient and the hospital shall be free to make whatever disposition of the patient it deems appropriate. Notice to remove the patient may be given in person, by telephone, or by mail to the undersigned owner or agent.
4. **Returns/Refunds-** All sales are final on services and no refunds will be issued. Inventory is returnable 30 days from purchase date. Medications charges will be refunded except for prescriptions fees.
5. **No personnel on premises after clinic hours.**

Signature: _____ Date: _____ Social Security no. _____
 (Optional)