

VETERINARY MEDICAL CENTER
373 Hooper Road, Endwell, New York 13760
(607) 748-7489

CLIENT REGISTRATION FORM

Clients visiting our hospital for the first time are most welcome. Please complete this form as fully as possible.
Please **PRINT**.

Date: _____
Name: _____ Spouse: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
In case of emergency, do you have an alternative phone? _____
Is there someone we may thank for recommending our hospital to you? _____
Employer and Address: _____ Phone: _____
Spouse's Employer and Address: _____ Phone: _____
E-mail Address: _____

All payments must be made at the time services are performed. Please indicate the method you find most convenient.

Please circle: CASH CHECK VISA MASTERCARD DISCOVER CARECREDIT

The undersigned gives permission to use their VISA/MASTERCARD/DISCOVER/CARECREDIT for all delinquent boarding, hospital and/or banking charges.

Name of Bank: _____ Acct#: _____
Driver's License#: _____ DOB: _____ S.S.# _____
Charge Card#: _____ Type: _____ Exp: _____

PET INFORMATION

PET 1 PET 2 PET 3

Name: _____
Species (cat, dog, other): _____
Breed: _____
Color: _____
DOB: _____
Sex: _____
Neutered? _____
Dates Vaccinated/Vaccines: _____
Current Medications: _____

I am the legal owner or representative of the animal(s) being presented for treatment, and I am over the age of 18 years and agree to the registration agreement.

Signature: _____ Date: _____