

# North County Animal Hospital

## New Client Registration

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In order to best serve you and your pets, please complete this form in its entirety.

### **ABOUT YOU**

Your Full Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail address \_\_\_\_\_ By providing your email address, we may contact you with special offers and promotions. We promise to not share your information with any third parties.

Employer/Occupation \_\_\_\_\_

State issued Drivers License or ID # \_\_\_\_\_ Your birthday for RX \_\_\_\_\_

### **ABOUT YOUR PET**

Name of the animal brought with you today \_\_\_\_\_

**Dog**            **Cat**            **Other Species** \_\_\_\_\_

Sex of the animal:    **Male**        **Female**        Is your animal spayed or neutered?    **Yes**        **No**

Breed \_\_\_\_\_ Color/Description \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Date of last vaccine \_\_\_\_\_ Date of last Rabies \_\_\_\_\_

Does your animal have permanent identification (microchip/tattoo)?    **Yes**        **No**

If so, type and number \_\_\_\_\_

How did you hear about us?    **Yellow Pages**        **Internet**        **The Pet Dept**        **Sign at the Street**

**Or, if you were referred by one of our loyal clients, other person or outside agency, who may we thank?**

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North County Animal Hospital payment policy: We require that each client assume financial responsibility for all charges incurred and to pay all charges at time services are rendered. We accept Visa, MasterCard, Discover, Care Credit, cash and personal checks. If your pet is admitted to the hospital for services, we will provide an estimate for your pet's treatment plan prior to rendering services and we generally ask for a deposit. Past due accounts are subject to a 1.5% monthly service charge. In the event a check is returned NSF, there will be an additional \$20.00 service charge added to the account. Any returned checks remaining unpaid will be sent to the County District Attorney's Office Bad Check Program. Delinquent accounts will be assessed a 50% administrative fee and sent to "The Credit Bureau" for collection. This hospital reserves the right to refuse services to anyone who does not agree or comply with our hospital policy.

I have read and agree to comply with North County Animal Hospital payment policy:

Signed \_\_\_\_\_