

Madison Companion Animal Hospital
CLIENT AND PATIENT REGISTRATION FORM

Thank you for choosing our hospital for you and your pets' needs. We look forward to serving you and your family for many years to come. Please complete this form so we can accurately add or update your information. We are a small family owned hospital. We don't use online pharmacies or submit prescriptions. We have a full pharmacy on premise or we can mail items to your home, when needed.

You must be at least age 18 and provide us with proper identification number to register pet in your name.

Account Holder's Name: _____ Required Form of ID SS# or DL# _____

Add'l person(s) responsible for pet(s): _____

Full Mailing Address: _____ City,State,Zip _____

Email Address: _____

Best Phone # _____ Phone #2 _____ Add'l # _____

Pet(s) Information for Today's Appointment

Pet's Name		Pet's Name	
Cat or Dog		Cat or Dog	
Breed if known		Breed if known	
Color		Color	
Birthdate or Age		Birthdate or Age	
Sex/Neutered?		Sex/Neutered?	

Our doctor will always **offer** your pet the best healthcare. There is a cost for services provided. Please ask for an Estimate of today's and all future costs **BEFORE** agreeing to services, **even** in a life threatening event or emergency.

_____ (Initial), In the event of default, I agree to: Balances due over 30 days will be charged a 1.5%/month (min of \$1fee)(18%APR). Additional collection and lawyer fees will be charged to you if your past-due account is sent to Collections or Small Claims Court.

How will you pay? FORMS OF PAYMENT ACCEPTED TODAY

- Cash **We will not accept a check today.
- Visa, MasterCard, Discover, or Debit Card
- CareCredit Account (5% fee for each transaction)

In the case of records, I give permission for Madison Companion Animal Hospital employees to share vaccines and medical history verbally, by mail, fax or email to other animal hospitals, boarding, shelters, rescues or grooming facilities as requested.

If you have pet insurance, you must submit a copy of your pet's visit and invoice and be reimbursed from your insurance. Please ask for a copy before leaving today.

Client Agreement & Signature _____ Date _____

How did you hear about us? _____