

**Tender Care Animal Hospital
New Client Registration**

Last Name: _____ First Name: _____

Spouse Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Landline Cell

Work Phone: _____

Spouse Work Phone: _____ Spouse Cell Phone: _____

Email: _____

Occupation: _____ Employer: _____

Spouse Occupation: _____ Spouse Employer: _____

Emergency Contact: _____ Emergency Contact Phone #: _____

Do you give permission to use photos of your pet(s) for Social Media &/or Marketing?
YES () NO ()

Who can we say 'Thank You' to for referring you to our hospital? Referred by: _____
() Drive By () Internet Search () Other

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

In admitting my pet for diagnostics, treatment, surgery, I authorize the veterinarians and staff of Tender Care Animal Hospital, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained. Further, I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.

I, the undersigned owner or agent of the pet(s) certify that I am eighteen (18) years of age or older. I understand that the payment is due at the time services are rendered. A finance charge of the maximum legal rate applied by law per month will be added to past due accounts.

Signed: _____ Date: _____

(Over Please)

Pet 1

Dog Cat

Name: _____ Breed: _____

Birth Date/Age: _____ Color: _____

Male Neutered Female Spayed

Current Medications:

Pet 2

Dog Cat

Name: _____ Breed: _____

Birth Date/Age: _____ Color: _____

Male Neutered Female Spayed

Current Medications:

Pet 3

Dog Cat

Name: _____ Breed: _____

Birth Date/Age: _____ Color: _____

Male Neutered Female Spayed

Current Medications:

Pet 4

Dog Cat

Name: _____ Breed: _____

Birth Date/Age: _____ Color: _____

Male Neutered Female Spayed

Current Medications:
