

Client Registration Form

Welcome to Stone Ridge Veterinary Clinic! Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your animal's health. To insure the best care possible, please take the time to fill out this form completely.

Thank you!



Client Information

Date: _____ Birth Date: _____

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Employer: _____ E-Mail: _____

Business Address: _____ Occupation: _____

Social Sec #: _____ OR Drivers License #: _____
(MUST have ONE or the other.)

Whom may we thank for referring you? _____

In case of Emergency, whom should we contact? _____ Phone: _____

Animal Information

Animal Name	Species	Breed	Color	Birth Date	Sex (M/F)	Sterilized (Y/N)

Reason for animal's visit today? _____

Financial Agreement & Authorization

I hereby authorize the veterinarian to examine, prescribe for, and treat my animal(s). I assume responsibility for all charges incurred in the care of my animals. I also understand that payment is **DUE AT THE TIME OF SERVICE**. I have read and understand this policy and I accept responsibility for all fees. I understand that if I fail to pay as agreed, legal action will be taken against me. All charges not paid in full after 30 days will incur interest at the rate of 1.75% per month (21% per annum) or a repeat billing/service charge of \$5.00, whichever is greater. I agree to pay any costs incurred in the collection process including but not limited to late charges, attorney's fees, and a collection agency fee which would be \$100.00 or 1/2 of the balance assigned, whichever is greater, with or without suit.

Signature of Responsible Party: _____