

**All Creatures Pet Hospital
Client Registration Form**

Today's Date ____/____/____

Mr. Mrs. Miss. Dr. _____
(Please Circle) (First) (Last)

Spouse/ Other _____

Address _____
(Street) (City) (State) (Zip)

Do you live in Shelby County? Yes No **If No, which county?** _____
(Please Circle)

Home Phone () _____ - _____ **Cell Phone** () _____ - _____
(Owner)

Cell Phone () _____ - _____
(Spouse/Other)

Work Phone () _____ - _____ ext _____ **Company** _____
(Owner)

Work Phone () _____ - _____ ext _____ **Company** _____
(Spouse/Other)

May we have your Driver's License Number for Check Verification?

License# _____ **State** _____ **Date of Birth** _____

Whom may we thank for your referral? _____

May we contact you through email? If so, what is your email address?

I, _____, am seeking veterinary services and/or products from All Creatures Pet Hospital. I hereby agree to pay for all services at the time they are rendered. All balances are subject to 18% interest rate as well as monthly billing fees. I hereby agree to these terms and conditions.

Signature

Date