

# HARDAWAY VETERINARY HOSPITAL

Complete Large & Small Animal Veterinary Services

## Client and Pet Registration

Payment in full is due at the time of service. A deposit is required on all hospitalized pets – the balance to be paid when the pet is picked up. If you are using pet insurance, payment is still required at the time of service. Your insurance company will reimburse you.

Name \_\_\_\_\_ SS# or Driver's Lic.# \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street or PO Box # City, State, Zip Code

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

Spouse or Co-Owner's Name and Number \_\_\_\_\_

Email address \_\_\_\_\_ Preferred Method of Communication: Call \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Employer Location (City, State) \_\_\_\_\_

How did you hear of us? \_\_\_\_\_ (Person's name, Yellow Pages, Sign, Internet, Other)

Pet's Name \_\_\_\_\_

Pet's Name \_\_\_\_\_

Canine \_\_\_\_\_ Feline \_\_\_\_\_ Equine \_\_\_\_\_ Other \_\_\_\_\_

Canine \_\_\_\_\_ Feline \_\_\_\_\_ Equine \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_ Age/birthday \_\_\_\_\_

Color \_\_\_\_\_ Age/birthday \_\_\_\_\_

Female Spayed Female Male Neutered Male

Female Spayed Female Male Neutered Male

Previous Vet or Location of Records \_\_\_\_\_

Previous Vet or Location of Records \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ YES, I would like to receive vaccine / health reminders \_\_\_\_\_ NO, I would not like to receive vaccine / health reminders

### FINANCIAL AGREEMENT:

I understand that in the event any unpaid balance is placed for collections with any third party collection agency, a fee of 50% of the unpaid balance will be added to the total amount due. This amount shall be in addition to any other costs incurred directly or indirectly to collect amounts owed under this agreement such as court cost, attorney fees, late fees and any other fees stated elsewhere. I assume financial responsibility for all fees incurred for veterinary services and recognize that treatment may exceed or be lower than the fees provided in an estimate. **A \$30 fee will be charged for all returned NSF CHECKS.** A minimum \$4.50 or 1.5% service charge per month will be assessed on all balances over 30 days old.

### PHOTO RELEASE:

I grant Hardaway Veterinary Hospital, its representatives and employees, the right to take photographs of me and/or my pet as a part of animal identification purposes in their record.

I agree that Hardaway Veterinary Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and/or web content.

\_\_\_\_\_ I CONSENT to the use of photos taken of me and/or my pet for media & publication purposes

\_\_\_\_\_ I DO NOT CONSENT to have photos taken of me and / or my pet.

Signature of Owner or Representative \_\_\_\_\_ Date \_\_\_\_\_