

# Client Registration

Name : \_\_\_\_\_ Social Security Number\*: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Driver's License\*: \_\_\_\_\_  
 Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

Spouse/alternate contact: \_\_\_\_\_ Social Security Number\*: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Driver's License\*: \_\_\_\_\_  
 Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**Please tell us about your pets**

<b>Pet's name</b>			
<b>Species</b>			
<b>Breed</b>			
<b>Color/Markings</b>			
<b>Male/Female</b>			
<b>Spayed/Neutered</b>			
<b>Age / D.O.B.</b>			
<b>Last Vaccinated</b>			
<b>Medications</b>			

Previous Vet: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Referred By: \_\_\_\_\_ *(\*We offer a \$10 credit for referrals\*)*

**\*Social Security and/or Drivers License Number is required when paying by check.**

**Payment is expected when services are rendered.**

*I certify all above information is true and complete. I agree to pay the amount invoiced in full. Any balance left on account will be charged a 1.5% service fee per every 30 days not paid. I agree that if balance is not paid and account is turned over to a collection company, I will pay any and all attorney fees and fees charged by the collection company.*

*I authorize Dr. Esbeck and the staff of Sawnee Animal Clinic to examine and treat my pet. Estimates will be provided upon request, which will be good for 30 days. I understand a \$25.00 fee will be added to any check returned for non-payment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Number: \_\_\_\_\_ *(for office use only)*