

# SAWTOOTH VETERINARY SERVICES CLIENT REGISTRATION

## CLIENT INFORMATION

### Name

First

Middle Initial

Last

### Address

Street

City

State

Zip Code

### Home Phone

( ) -

### Cell Phone

( ) -

### Date of Birth

Employer

Work Phone ( ) -

Spouse or Co-owner's Name

First

Middle Initial

Last

Home Phone ( ) -

Cell Phone ( ) -

Date of Birth

Employer

Work Phone ( ) -

Emergency Information

Name

Relationship

Phone

How Did You First Hear Of Us?

## ANIMAL INFORMATION

Pets Name

Breed

Color

Age/Date of Birth

Male \_\_\_ Neutered Y/N

Female \_\_\_ Spayed Y/N

Pets Name

Breed

Color

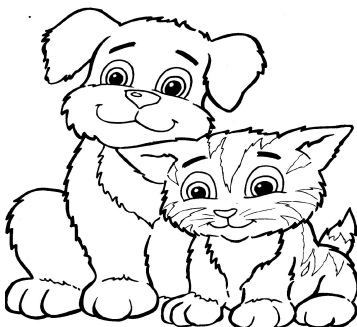
Age/Date of Birth

Male \_\_\_ Neutered Y/N

Female \_\_\_ Spayed Y/N

### Initial here

I hereby authorize Sawtooth Veterinary Services Veterinarian to examine, prescribe for, or treat my pet(s). **I understand that any charges incurred will be paid for at the time of release** and that some services may require a deposit prior to treatment. **We do not bill for services.** Payment is due in full at the time that services are performed and we cannot release hospitalized pets from the hospital, or release medications dispensed until the final bill for has been paid. I understand that if my pet is not called for within 7 days after the time specified for release, the animal will be considered abandoned. I also understand that this does not relieve me from paying for all costs of your services including any boarding charges for the period the animal was not called for and any disposal charges. **(Finance Charges** will apply to any outstanding balance 21% APR). We accept CASH, CHECK(w/valid Drivers license), DEBIT, VISA, MASTERCARD, AMEX, and DISCOVER payments



Signature of Owner or Agent

Date