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Owner Registration

Today's Date _____

Name _____ Spouse/Other name _____

Children's Names/Ages _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____

Other _____

Work _____ Employer _____

Spouse's work phone _____ Spouse's Employer _____

E-mail address _____ Social Security Number _____

Emergency Contact Name/Number _____

How did you hear about us?

- Referral by Friend, Relative, etc (whom shall we thank?) _____
- Advertisement (please specify billboard, newspaper, etc) _____
- Yellow pages Other: _____

How do you view your pet(s) in terms of overall health concerns/issues?

- As a family member (I am concerned about all health issues/recommendations)
- As a pet (I am not concerned about all preventative and wellness issues)

Which of the following services might you utilize?

- Lodging/boarding facility Rehabilitation Center
- Referral rewards program (Share the Care) Grooming Service

Do you regularly use a Petsitter when you are away? N Y --> Ask about our Petsitter contract!

Preferred method of payment: Cash Check MC/Visa

I acknowledge and accept full responsibility for all services rendered as the owner of this animal or responsible party. I understand that these charges will be paid at the time of service or upon release of my pet and that a deposit may be required for surgical treatment. There will be a \$25.00 fee on returned checks. I understand that any balance past due will include a finance charge of 21% and may be placed with a collection agency. I agree to pay the 35% collection fee. Also, in the event of legal action, I agree to pay reasonable attorney fees and court costs.

Signed _____