



PetMedSpa & Rehabilitation Center
1220 Montgomery St.
West Lafayette, IN 47906
(765) 463-0221
Fax: (765) 464-1417
www.petmedspaandrehab.com

Owner Registration

Name: _____ Spouse/Other Name: _____
Children's Names/Ages: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Phone #2: _____
Employer: _____ Work Phone: _____
Spouse's Employer: _____ Work Phone: _____
E-Mail Address: _____ SSN: _____
Emergency Contact Name & Number: _____

How did you hear about us?

- Referral by friend, relative, etc. (please name): _____
- Advertisement (please specify where): _____
- 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 and recommendations)
- As a pet (I am not concerned about all preventative and wellness issues)

Which of the following services might you utilize?

- Lodging/Boarding
- Referral rewards Program (Share the Care)
- Rehabilitation Center
- Grooming Services on site

Do you regularly use a Petsiter when you are away? **Y** **N**

Preferred method of payment?

- Cash
- Check
- Major Credit Card (VI, M/C, Discover, AMEX)
- Care Credit

I acknowledge and accept full responsibility for all services rendered as the owner (or duly authorized agent for the owner) of this animal. I understand that these charges will be paid at the time of service or upon the 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: _____

Date: _____