



Client Registration Form

Name: _____ Spouse Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Cell: _____ Spouse Cell: _____

Employer: _____ Work Number: _____

Spouse Employer: _____ Spouse Work Number _____

If necessary can we contact you at work? Yes or No Spouse: Yes or No

Email Address _____

Previous Veterinarian: _____

How did you hear about us? _____

Name of friend that referred you: _____

Do we have permission to photograph and post pictures of your pet on our Facebook page? Yes or No

PAYMENT IS DUE AT THE TIME OF SERVICES ARE RENDERED.

We accept the following forms of payment: DEBIT, VISA, M/C, DISCOVER, CARE CREDIT, CHECK, OR CASH

In case I am unable to pick up my pet(s) personally, I hereby authorize Etowah Veterinary Hospital, Inc. to release my pet(s) to the following person(s):

1. _____ 2. _____

Signature _____ Date _____