

Etowah Veterinary Hospitals, Inc.



Allatoona Animal
Hospital



Etowah Veterinary
Hospital



Trickum Ridge
Animal Hospital



Waleska Animal
Hospital

CLIENT REGISTRATION FORM

NAME _____ SPOUSE/PARTNER _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ COUNTY _____

EMAIL _____ PRIMARY TELEPHONE# _____

ALTERNATE TELEPHONES _____

SPOUSE/PARTNER TELEPHONES _____

BESIDES YOURSELF AND YOUR LISTED SPOUSE/PARTNER, WHO ELSE HAS YOUR PERMISSION TO AUTHORIZE TREATMENTS AND SERVICES FOR YOUR PETS? _____

WOULD YOU LIKE TO LIST OTHER PEOPLE WHO HAVE PERMISSION TO PICK UP YOUR PETS FROM BOARDING OR TREATMENT? _____ IF YES, PLEASE LIST NAMES HERE _____

YOUR PREVIOUS VETERINARIANS _____

ARE YOU INTERESTED IN HOLISTIC/NATURAL MEDICINE FOR YOUR PETS? _____

DO WE HAVE YOUR PERMISSION TO TAKE PHOTOS OF YOUR PET(S) FOR USE ON OUR SOCIAL MEDIA PAGES AND WEBPAGES (WE WILL ONLY USE THEIR FIRST NAME AND THERE WILL BE NO COMPENSATION PROVIDED)? _____

FOR SAFETY REASONS, WE HAVE TRAINED STAFF TO RESTRAIN YOUR PETS DURING EXAMINATIONS. IF YOU ELECT TO RESTRAIN YOUR OWN PETS, YOU ACKNOWLEDGE WE CANNOT BE RESPONSIBLE FOR ANY INJURY INCURRED. (PLEASE INITIAL) _____

HOW DID YOU HEAR ABOUT US? [] INTERNET [] REFERRAL, _____ [] DROVE BY [] OTHER

I UNDERSTAND PAYMENT IS EXPECTED AT THE TIME OF SERVICE AND I MAY REQUEST AN ESTIMATE FOR SERVICES AT ANY TIME. (PLEASE INITIAL) _____ (WE ACCEPT CASH, DEBIT, CHECKS, VISA, MASTERCARD, DISCOVER, AMEX, AND CARE CREDIT)

By signing below I acknowledge I have read and completed this document. I hereby authorize Etowah Veterinary Hospitals, Inc. to provide services for my pets and agree I am financially responsible for services rendered.

CLIENT SIGNATURE

DATE

