



Black Mountain Road
PET CLINIC
Client Registration Form

OWNER INFORMATION:

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

PARENT #1

LAST NAME _____ FIRST NAME _____ MI _____

PARENT #2

LAST NAME _____ FIRST NAME _____ MI _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

OWNER DATE OF BIRTH (mm/dd/yyyy) _____ (REQUIRED FOR CONTROLLED DRUGS THAT MAY BE DISPENSED)

REFERRED BY: (PERSON NAME) _____ (OTHER) _____

PET INFORMATION:

PET NAME _____ BREED _____ COLOR _____

SPECIES (CIRCLE) DOG | CAT DOB _____ AGE _____ SEX M | Neutered | F | Spayed

VACCINATION HISTORY:

DOG:	DHP	PARVO	BORDETELLA	LYME	RABIES
LAST DATE GIVEN:					
CAT:	FVRCP	PNEUMONITIS	LEUKEMIA	FIP	RABIES
LAST DATE GIVEN:					

ANY KNOWN ALLERGIES/MEDICAL ISSUES? _____

CURRENT MEDICATIONS FOR YOUR PET? _____

I/WE UNDERSTAND THAT **ALL SERVICES ARE TO BE PAID IN FULL AT THE TIME THEY ARE RENDERED. Initials** _____
WE ACCEPT: Cash / Debit / VISA / Master Card / AMEX / Discover / Care Credit (We DO NOT accept checks)

VALID DRIVERS LICENSE NUMER _____ **EXPIRATION** _____

I hereby authorize Black Mountain Road Pet Clinic to administer such treatment, surgery, or additional procedures, as determined necessary, on the basis of findings during examination. I understand I will be given a treatment plan for all recommended services prior to rendering. Exceptions are the regular office visit charge and emergency (Life-saving) services, which will be rendered immediately, as determined by the doctor.

I, the undersigned, agree as owner/agent, that in consideration of the services rendered to the above described patient, obligate myself to pay all fees incurred, at the time patient is released. The undersigned certifies that he/she is at least eighteen (18) years of age and that he/she is the owner and/or the owner's agent of the above animal and is duly authorized to execute the above and accept its terms.

I understand that a deposit, equal to the minimum amount of the treatment plan will be required for all patients admitted to the hospital.

I agree to remove the patient and pay all fees due at the time of discharge. If the patient stays overnight, I understand there are no personnel on premise after hours and will not hold Black Mountain Road Pet Clinic responsible for any damages. If I fail to pick up the patient, within three (3) days, I understand I relinquish all claim to the said patient and it will be considered an abandoned animal. Black Mountain Road Pet Clinic is free to make whatever decisions deemed appropriate for an abandoned animal. Abandonment of an animal does not release the undersigned from obligation to pay fees, for services rendered on patient, including charges for additional boarding and costs due to animal's abandonment.

ALL SALES ARE FINAL ON PRODUCTS AND PRESCRIPTIONS ARE FINAL, NO RETURNS. FEES FOR SERVICES ARE NOT REFUNDABLE. NO PERSONNEL ON PREMISES AFTER HOURS.

Signature of owner or authorized agent _____ Date _____