



NEW CLIENT REGISTRATION INFORMATION

WELCOME. Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions about your pet's health. To insure the best care possible, please take the time to read and fill in this form completely.

Date _____

Owner's Name _____ Spouse/Other _____

Address _____ APT # _____

City _____ State _____ Zip _____ Home Phone _____

Work Phone _____ Spouse Work Phone _____

Cell Phone _____ Spouse Cell Phone _____

If necessary, may we call you at work? Yes No Spouse/Other? Yes No

In case of **EMERGENCY**, please call _____ at phone # _____

Employer's Name & Address _____

Spouse's/Other's Employer & Address _____

E-mail address _____ Spouse/Other E-mail _____

DL# _____ Spouse/Other DL# _____

How did you learn of our clinic? Recommendation Sign/Drive-By PPHC Website Facebook
 Coupon Yellow Pages Other

If recommendation or other please specify: _____

PAYMENT AND AUTHORIZATION

By signing below, I hereby authorize the veterinarians and staff of Plantation Pet Health Center to examine, prescribe for, treat and care for my pet(s). I assume responsibility for all charges incurred in the care of my animal(s). I also understand that **these charges are due and payable at the time of release** and that a deposit may be required for surgical and/or emergency treatment. I understand PPHC is not responsible for miscommunication between family members on issues including, but not limited to, billing, pricing, and/or authorization for examination, diagnostics, treatment, or product sales.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINATIONS AND FREE OF INTERNAL AND EXTERNAL PARASITES. By my signature below, I authorize the doctor(s) to provide vaccination and parasite control as needed for my pet at my expense.

We will be happy to provide an estimate of charges. Please request it prior to the treatment of your pet.

Method of Payment: Cash Check¹ MasterCard² Visa² American Express² Discover² CareCredit²

I have read, understand and agree to the Payment and Authorization & Check and Credit Card Policies of Plantation Pet Health Center.

Signature of Owner: _____ Date _____

¹ Plantation Pet Health Center accepts only non-temporary checks with a valid Texas Driver's license or ID. Checks must be written and signed by the person(s) named on the check and may not be post dated. Should your check come back dishonored for any reason we reserve the right to electronically debit your account for the amount of the check, plus a \$38.00 processing fee (or legal limit) and any applicable taxes. The use of a check as payment is your acceptance of this agreement and its terms.

² Plantation Pet Health Center will accept these credit cards under the following conditions: The card must be presented by the card owner and the card owner must show a valid Texas Driver's license on request as proof of ownership. Any other conditions or arrangements for use of a credit card require additional documentation and the approval of the business manager.