

ALL FOR PAWS ANIMAL CLINIC

Client Registration Form



Owner's Name: _____

Spouse's Name: _____

Mailing Address: _____

Street Address: _____

City, State, Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

How do you prefer to be contacted: Email, Text, Phone call? _____

Employer's Name: _____

Work Number: _____

In the event we cannot reach you, please provide an emergency contact:

Name: _____

Relation: _____

Phone: _____

How did you become aware of our clinic? _____

By signing below you understand that professional fees are to be paid at the time services are rendered. We do not carry open accounts. *We accept cash, Master Card, Visa, American Express, Discover and Care Credit. We do not accept personal checks.* In cases where in-hospital, emergency care, or hospitalization is required, a deposit prior to treatment may be required. We reserve the right to require pre-payment for any estimated services. I, the undersigned, have read and understand the payment policy of All For Paws Animal Clinic.

Signature: _____

Date: _____