



**SEVEN HILLS
VETERINARY
CLINIC**

NEW CLIENT REGISTRATION FORM

First Name: _____ **Last Name:** _____

Address: _____

City, State, Zip: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone _____

Spouse Name: _____ **Phone:** _____

Alternative Contact: _____ **Phone:** _____

E-mail Address: _____

***Drivers License No.** _____ **State:** _____

**Required if you plan on writing checks. If you choose not to disclose this information only cash or credit cards accepted*

How did you hear about us? _____

Patient Information:

NAME	SPECIES	BREED	COLOR	AGE	SEX	SPAY/NEUTER	
					M F	Y	N
					M F	Y	N
					M F	Y	N
					M F	Y	N

Previous Medical Concerns :

I hereby authorize Seven Hills Veterinary Clinic to examine, treat and prescribe for the above described pets. I assume responsibility for all charges incurred in the care of the(se) animal(s) and understand that all fees are due on the day of service. For your convenience we accept cash, personal checks, VISA, Master card, Discover and American Express. There will be a minimum returned check fee of \$25.00. Should any default occur, all outstanding balances will incur a service fee of 1.5%. Service fees are applied monthly and will be added to your balance until paid in full. The client shall remain liable for any deficiency resulting from any amount remaining unpaid and shall pay same to Seven Hills Veterinary Clinic.

Signature: _____ **Date:** _____