



CLIENT REGISTRATION:

NAME: _____ SPOUSE: _____

NAME YOU PREFER TO BE CALLED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PRIMARY PHONE _____ CELL _____ OTHER _____

EMAIL ADDRESS _____

In the event of an EMERGENCY, Contact _____

Employer name _____ Phone _____

PET INFORMATION:

Name _____

Name _____

Date of Birth _____

Date of Birth _____

Breed _____

Breed _____

Color _____

Color _____

Species: Canine or Feline

Species: Canine or Feline

Gender: Male or Female

Gender: Male or Female

Neutered/Spayed? Yes or No

Neutered/Spayed? Yes or No

How did you hear of our Practice?

Whom may we thank / Referring Veterinarian?

I assume all responsibility incurred in the care of my animals. I also understand the charges incurred are to be paid in full at the time of service and a deposit may be required prior to Hospitalization. I agree to pay all cost of collection and reasonable attorney's fees in the event of non-payment. I also consent to the full release of medical information and authorize direct payment to North River Animal Hospital.

I hereby give North River Animal Hospital permission to take photographs of me and my pet for the purpose of posting on North River Animal Hospital Facebook, Twitter & Clinic Website.

I hereby release and discharge North River Animal Hospital from any and all claims arising out of use of photos. I am above the age of 18. I have read the foregoing document and fully understand its contents.

Owner / Agent _____ date



| Address: 12805 County Road 675 Parrish, FL 34219 | Phone 941-845-4448 | Fax
941-845-4795 |

Financial Policy:

Thank you for choosing North River Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. North River Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa®, MasterCard®, American Express® or Discover Card®
- Convenient Monthly Payment Plans¹ from CareCredit®
- o Allow you to begin treatment today and pay over time
- o Available for any treatment amount
- o Can be used repeatedly - for your entire family - without having to reapply¹

Additional Policy Information:

North River Animal Hospital charges \$30 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature Date: _____

Client/Owner Name (Please Print): _____

Pet Name and Breed: _____

¹Subject to credit approval