

# Registration Form

## 1. General Information:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Single  Married  Divorced  Separated  Widowed

Home phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_

E:mail address: \_\_\_\_\_

Send pet reminders via E-mail: Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver License #: \_\_\_\_\_

Employer Name: \_\_\_\_\_  F/T  P/T

Employer's Address: \_\_\_\_\_  
\_\_\_\_\_

How long there? \_\_\_\_\_ Occupation: \_\_\_\_\_

## 2. Spouse/Parent Information:

His/Her Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

## 3. Person Responsible for Account:

(If other than person named in General Information)

His/Her Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

SS#: \_\_\_\_\_ Relationship: \_\_\_\_\_

## 4. Method of Payment:

CASH  MC/VISA

## 5. How did you hear about us?

Friend  Yellow Pages  Angie's List

Other: \_\_\_\_\_

I am aware that any balance over 30 days may be subject to a service charge of 1.5% per month (18 % annually). I understand that I am responsible for my bill within the time allowed by this office's credit policy (30 days). I further agree that this contract will remain in force for all services regardless of the date signed. There may be a \$35.00 fee imposed for checks returned for any reason. I also agree to reimburse PVVS the fees of any collection agency, which may be based on a percentage of 35% of the debt, and all costs, and expenses, including reasonable attorneys' fees, we incur in such collection efforts.

X  
Signature

## 6. Pet Information:

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Markings: \_\_\_\_\_

Neutered Male  Male  Spayed Female  Female

Date of Birth: \_\_\_\_\_

## 7. Pet Vaccine History:

Please indicate the date your pet received any of the following.

### Dog

Tick Serology: \_\_\_\_\_

Heartworm Test: \_\_\_\_\_

Rabies Vaccine: \_\_\_\_\_

Combination Vaccine: \_\_\_\_\_

Lyme Vaccine: \_\_\_\_\_

### Cat

FELV Test: \_\_\_\_\_

FIV Test: \_\_\_\_\_

Rabies Vaccine: \_\_\_\_\_

Combination Vaccine: \_\_\_\_\_

FELV Vaccine: \_\_\_\_\_

## 8. Previous Veterinarian & phone number:

Is it okay for us to contact your previous veterinarian for medical history and vaccine status? yes  no

## 8. Chronic Health Problems:

Please list any chronic health problems your pet has had.

\_\_\_\_\_

\_\_\_\_\_

X  
Date