

## NEW CLIENT REGISTRATION FORM

Owner's Name \_\_\_\_\_  
Last First

\_\_\_\_\_ Street address Unit # City State Zip

Owner's Main Phone: \_\_\_\_\_ Type:  Home  Cell  Work

Secondary Phone: \_\_\_\_\_ Type:  Home  Cell  Work

E-mail address: \_\_\_\_\_ (you can receive reminders via email)

Spouse/Co-Owner's Name: \_\_\_\_\_ Spouse/Co-owner's Phone: \_\_\_\_\_

Driver's License Number (if you plan on writing checks) \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

If referred, whom may we thank? \_\_\_\_\_

It is very helpful to us to have access to your pet's complete medical history. If you did not bring your pet's medical records, please list the clinic name(s) and phone number(s) of his/her previous veterinarian(s).

- Check One:**  I feel that my pet is another member of our family.  
 I feel that my pet is just a pet.

- Check One:**  I want the best medical care available for my pet. Please recommend anything that you feel is necessary for good health and long life.  
 I want good medical care for my pet, but there is a limit to what I am able to have done.  
 I want you to perform only the services that I request.

- Check One:**  I want to learn as much as I can about pet health care. Please explain in detail what has been done or what is needed for my pet.  
 I would prefer you just summarize what has been done or what is needed.  
 I want my pet healthy, but I don't need to know what has been done.

- Check One:**  I prefer to be present when my pet is examined and treated.  
 I would rather not see my pet examined and treated.

## PET INFORMATION

PET'S NAME	DOG/ CAT	BREED	COLOR	D.O.B. / AGE	SEX M/F	NEUTERED/ SPAYED? Y/N

## Financial Policy

Payment is due in full at the time that services are performed, we do not bill for services. If you would like a treatment plan and/or estimate please let the reception and/or veterinary assistant know.

We accept cash, Visa, Mastercard, American Express payments. Checks are accepted from established clients only (active for at least 6 months.) We do not extend credit. All open invoices are sent to collections after 45 days. Our hospital offers Wellness Plans, and we promote the use of Pet Health Insurance. We accept CareCredit ([www.carecredit.com](http://www.carecredit.com).) Any information we collect is private and for our use only.

I understand Burnham Park Animal Hospital Financial Policy.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_

## Photo Release/Social Media

Burnham Park Animal Hospital would like to feature your pet on social media! Signing will give us consent to take and post photos, videos, write fun comments on our website and social media for our clients and online community.

I authorize Burnham Park Animal Hospital to use photos, videos or stories including me and/or my pet with or without using our names for any lawful purpose, including for example social media, publicity, advertising and other web content. I understand and agree that any photograph using my or my pets likeness will become property of Burnham Park Animal Hospital. I acknowledge that since my participation with Burnham Park Animal Hospital, I will not receive any financial compensation.

I **authorize** all of the above

I only **authorize** my pets photo, be used for their chart only

I **decline** all of the above

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_