



CLIENT REGISTRATION INFORMATION

How did you learn about us?

Please complete the following information:

YOUR NAME

FIRST NAME

LAST NAME

ADDRESS

CITY STATE ZIP CODE

HOME PHONE CELL

EMAIL ADDRESS

DRIVER'S LICENSE STATE

EMPLOYER PHONE

ADDRESS

SPOUSE'S NAME

FIRST NAME

LAST NAME

SPOUSE'S CELL PHONE

EMPLOYER

ADDRESS PHONE

EMAIL ADDRESS

I hereby authorize Ortega Animal Care Center to examine, prescribe for, or treat my pet(s). I assume complete financial responsibility for all charges incurred in the care of my pet(s). I have been advised that all services are to be paid for in full at the time they're rendered and that an initial payment in advance may be required. I have been informed that Ortega Animal Care Center accepts payments in the form of CASH, CHECK, VISA, MASTERCARD, AMERICAN EXPRESS AND DISCOVER only and they do not set up payment plans or extend credit.

YOUR SIGNATURE DATE

SPOUSE'S SIGNATURE DATE

Office Use Only:

Information verified and entered in the computer by: ACCT #