

NEW CLIENT REGISTRATION

CLIENT INFORMATION:

DATE: _____

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following information:

Last Name: _____ First: _____ Spouse: _____

Address: _____ City: _____ Zip Code: _____

Primary Phone: () _____ Secondary Phone: () _____

Employer: _____ Divers License Number: _____ Date of Birth: _____

Email Address: _____ Number of pets in home: _____

How did you hear about our hospital? Individual Referral (Name): _____

Website Facebook Hospital Sign (Drove By) Other (Explain) _____

PATIENT INFORMATION	PET # 1	PET # 2	PET # 3
Pet's Name:			
Species: Dog/Cat			
Male/Female?			
Spayed/Neutered?			
Date of Birth:			
Breed:			
Color:			

Reason for visit: _____

Previous Veterinarian(s): _____

Picture & Video Release

Heartland Veterinary Services, LLC would like to use, reproduce, and/or publish photographs and/or videos that may pertain to your pet including their image, likeness and or voice. They may be used for various publications, public affairs, on the Heartland Veterinary Services, LLC website or social media pages without compensation. Yes, I give authorization No, I do not give authorization

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Please check the preferred method of payment: Cash Check Credit/Debit Card
 Care Credit

*If this is a concern please notify a hospital staff member prior to treatment so that we may establish the most cost-effective treatment plan.

I assume responsibility for all charges incurred in the care of the above animal(s). I understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment or hospitalization. I agree that in case of non-payment, a 1.5% per month interest charge will be assessed on accounts not paid within 30 days. In addition, if referral to an outside attorney or collection agency becomes necessary, I will pay a collection fee up to 50% of the balance. I understand that there is a minimum \$25 service charge for all returned checks. This agreement is enforced indefinitely from this date.

Client Signature: _____

Date: _____

HVS Staff Signature: _____

Date: _____