



Pet Registration Form

Client Information

First Name: _____ Last Name: _____ Co-Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Phone Numbers: Home: _____ Cell: _____ Emergency: _____

Previous Veterinarian: _____ Phone Number: _____

Pet Information

Name: _____ Species: Dog Cat Breed: _____

Color: _____ Date of Birth: ___/___/___ If unknown, approximate age: _____

Gender: Male Female Spayed/Neutered: Yes No Microchip #: _____

Pet Insurance Carrier: None Trupanion Other: _____

How did you hear about our hospital?

Referral (name): _____ Drive by Facebook Petland Lil Rascals Other: _____

Medical Release Consent and Social Media Consent (Please initial below)

_____ I authorize Grace Veterinary Center to release records upon request to boarding, other medical offices, etc. when needed.

_____ I authorize Grace Veterinary Center to share photos of my pet for purposes of advertising and social media. Please note your photo will not be sold to a third party.

Payment Policy

Payment is due at time of service. This policy helps to control costs on which we base our fees. A 50% deposit may be required for day admission cases and procedures, including, but not limited to: surgery, dentistry, and hospitalization. We accept cash, check, credit, debit, Care Credit, and Scratch Pay. We do not carry open accounts and hope the above alternatives are convenient for you.

Financial Agreement and Authorization

I hereby authorize the veterinarian and staff at Grace Veterinary Center to examine, prescribe for, and treat my animal. I assume responsibility for all charges incurred in the care of my animal. I agree to pay any costs and charges necessary for the collection of any amount not paid when due.

Signature of Pet Owner: _____ Date: ___/___/___