County Line & Heritage Veterinary Hospital

Client Registration

Please Check One: New Client _____   Current Client with new pet _____

Owners Name _____

Address_____ City_____ State_____ Zip_____

Home Phone_____ Cell Phone_____ Work Phone_____

Spouse/Co-owner_____ Cell/Work Phone_____

Emergency Contact_____ Cell/Work Phone_____

Email address for reminders, Pet Portal & Newsletters_____

How did you hear about our office? _____Referred by? (We would like to thank them) _____

Pet Information

Pet's Name_____ Species_____ Breed_____ Birth Date_____

Female_____Spayed_____Male_____Neutered_____Color/Markings_____

Vaccination History - Indicate Month/year your pet received the following:

Dog – DHPPV _____ Rabies_____ Lepto _____Lyme_____ Bordetella _____ K9 Flu _____

Cat   – FVRCP _____ Rabies _____ Feline Leukemia _____ FIV _____

Dental Care – Do you brush your pet's teeth?   YES NO   Date of last dental cleaning? _____

Nutrition – Dry Brand _____ Canned Brand _____ Table Scraps?   YES   NO

Pet Microchip – Is your pet Microchipped? YES NO If so, Identification # & Company_____

Heartworm Preventative – Are you currently using monthly heartworm preventative?   YES   NO

Flea & Tick Preventative – Are you currently using any preventatives on your pet?   YES   NO

Previous Medical Records - Name of hospital where they may be obtained - _____

_____ I give permission for County Line/Heritage Veterinary Hospitals to contact the above mentioned hospital to request my pet's medical records be copied and sent to County Line/Heritage Veterinary Hospitals.

WE ACCEPT CASH, VISA/MASTERCARD/DISCOVER, CHECKS, AND CARE CREDIT.

We will ask that you provide a current Driver's License number and a current phone number for check writing privileges. Please provide that information on your check.

I hearby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I am 18 years of age of older and am the legal/authorized agent for this animal. I assume responsibility for all charges incurred on the care of this animal; understanding that all professional fees are to be paid in full at the time service is rendered. County LineHeritage Animal Hospitals do not offer billing plans and any unpaid balances are subject to service charges after 30 days. If payment is not received within 30 days; account is subject to be sent to a collection agency. I understand that I will be responsible for collection fees of 33 1/3% in addition to billing fees. Estimates will be provided for treatment/surgical procedures and a deposit of 50% of estimated total is required prior to admission for treatment/surgery. Your signature below is acknowledgement and acceptance of these terms.

Signature _____   Date_____