

**ANIMAL CARE ASSOCIATES
CLIENT REGISTRATION FORM**

<i>Gray area for office use only</i>	Client ID	New or Update	Date	Entered by

First Name: _____ M.I. _____ Last Name: _____

Spouse (Significant Other) Name: _____

Address: _____

Zip Code: _____ City: _____ State: _____

If your address has changed, would you like us to also update your information in our Vetsource Online Pharmacy? Yes No

Home Ph #: _____ Work Ph #: _____ Fax #: _____

Cell Ph #: _____ Spouse Work #: _____ Drivers License #: _____

Names of people allowed to use your account: _____

Employer: _____ Occupation: _____

Spouse Employer: _____ Spouse Occupation: _____

Are you a Golden Mountaineer Discount Card holder? _____ Are you a member of the Military? _____

In case of an emergency involving you, who can we contact for you?(Name & Phone #)

Who can we thank for recommending us? Newspaper Verizon Yellow Pages Yellow Book
 Magazine Sign/Location Kanawha County Humane Association
 Internet Website: _____ Other : _____

Would you like to view/manage your pet's health records online?
All we need is your email address and you will receive an activation email within 24-48 hours to participate in our FREE ePet Health online service!
Email address: _____ *(Please print clearly)*
**** OR....(please check one box)**
 I am already a registered ePet Health user I am not interested at this time

Pet Information

Name: _____ Species: _____ Sex: _____ Spayed or Neutered? Y or N

D.O.B./age: _____ Breed: _____ Color/Markings: _____

Current Diet: (include brand name) _____ Is there anything else you would like to tell us about your friend? _____

Pet Information

Name: _____ Species: _____ Sex: _____ Spayed or Neutered? Y or N

D.O.B./age: _____ Breed: _____ Color/Markings: _____

Current Diet: (include brand name) _____ Is there anything else you would like to tell us about your friend? _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pets. I assume responsibility for all charges incurred in the care of this/these animals. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical and medical treatments. Any outstanding balances are subject to a minimum finance charge of \$3.00 or 1.5% of balance whichever is greater.

I GIVE THE OFFICE PERMISSION TO RELEASE INFORMATION REGARDING MY PETS IF REQUIRED BY ANOTHER HOSPITAL, GROOMING, PHARMACY, OR BOARDING FACILITY.

Signature: _____ Date: _____

We at Animal Care Associates, Inc. thank you for giving us this opportunity to care for your pet.