

Client Registration

Name: _____ SSN*: _____

Address: _____ City: _____

State: _____ Zip code: _____ Driver's License: _____

PLEASE GIVE TO FRONT DESK TO COPY

Primary Phone: _____ Secondary Phone : _____

Employer: _____ Work phone: _____

E-mail address: _____

Alternate contact: _____ SSN*: _____

Address: _____ City: _____

State: _____ Zip code: _____ Driver's License*: _____

Cell phone: _____ Home phone: _____

Employer: _____ Work phone: _____

E-Mail Address: _____

I DO or DO NOT wish for my pets picture to be shared on social media

What is the best number to receive Text Messages / Reminders: _____

Please tell us about your pets

Pet's name			
Species			
Breed			
Color / Markings			
Male / Female			
Neutered / Spayed			
Age / Date of birth			
Last Vaccinated			
Medications			

Previous Vet: _____ Phone: _____

How did you hear about us ? Web ___ Drive By ___ Client Name _____

We offer a \$10 credit for referrals

COPY OF DRIVERS LICENSE REQUIRED FOR ALL PAYMENTS

Payment is expected when services are rendered.

I certify all above information is true and complete. I agree to pay the amount invoiced in full. Any balance left on account will be charged a 1.5% service fee per every 30 days not paid. I agree that if balance is not paid, the account will be turned over to a collection company after 45 days.

I authorize Dr. Esbeck and the staff of Sawnee Animal Clinic to examine and treat my pet. Estimates will be provided upon request, which will be good for 30 days. I understand a \$35.00 fee will be added to any check returned for non-payment.

Signature: _____ Date: _____

-----*(for office use only) revised 3/11/19*-----

Account Number: _____

Staff Initials: _____