



Capri Plaza Pet Clinic - Patient Registration

PLEASE PRINT

DATE: _____

NAME: _____ OCCUPATION: _____
Last First M. Initial

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ Work: _____

SPOUSE/EMERGENCY CONTACT NAME: _____ PHONE NUMBER: _____

E-MAIL ADDRESS: _____
(E-Pet Health Online Portal)

Payment required at time of service. We accept the following methods of payment
Cash, Debit, or Credit Card (**Sorry, Checks are not accepted.**)

DRIVERS LICENSE _____ D.O.B _____

PERMISSION FOR PET(S) NAME & PICTURE(S) TO BE DISPLAYED ON SOCIAL MEDIA ACCOUNTS:

I ALLOW YES_ NO_

PET INFORMATION

DOG/CAT OTHER	PET NAME	BREED	COLOR	BIRTHDATE	SEX	ALTERED?	PREVIOUS VET

PREVIOUS MEDICAL PROBLEMS? IF YES, PLEASE EXPLAIN:

ARE YOU A PREVIOUS CLIENT? YES_ NO_ ARE YOU 18 OR OLDER? YES_ NO_

HOW WERE YOU REFERRED TO US? _____

HOSPITAL POLICY: PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED. A DEPOSIT IS REQUIRED ON ALL HOSPITALIZED PATIENTS. BALANCE IS TO BE PAID UPON DISCHARGE.

If any payments are unsuccessful, I will make reasonable effort, in good faith, to provide the due funds to Capri Plaza Pet Clinic at the soonest possible time. I understand that if I am more than 45 days delinquent on any payment to Capri Plaza Pet Clinic, my account will be forwarded to a collection agency that may use any legal method to collect on this debt plus any costs, legal fees or interest (1.5%/month) that may have accrued.

This document, including client's signature, may be stored electronically. I hereby acknowledge that any such electronically stored document will be as enforceable as the original of said document, and if any dispute should arise we agree to binding arbitration.

I have read and understand the above hospital policies.

SIGNATURE _____