

Animal Hospital of West Manheim
Client Registration

Avimark Client No. _____

Owner's Name: _____
Last First Mr./Mrs./Ms./Dr.

Home Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number to reach you: _____

Cell Phone (if different than above): _____

Work Phone: _____

Co-Owner: _____ Relationship: _____

Co-Owner Cell Phone: _____

How did you hear of us (whom may we thank for the referral)? _____

How would you like due date reminders sent? (Please select one)

Mail

or

E-mail: _____

I hereby authorize the veterinarian to examine, prescribe for, and treat my pet(s). I assume responsibility for all charges incurred in the care of those pets. I understand that these charges will be paid at the time of release and that a deposit may be required prior to medical/surgical treatment. Charges may include collection agency, court, and attorney fees. Interest on unpaid amounts equals to 1.8% per month.

Signature of Owner: _____ Date: _____

Please present us with a valid Driver's License, State ID, or Military ID for us to accept a check or Care Credit. Thank you.

In Office Use: Client Registration entered or updated in Avimark by: _____