

Animal Hospital of West Manheim
Client Registration

Avimark Client No. _____

Animal Hospital of West Manheim Client Registration

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

Home Address: _____

City: _____ State: _____ Zip: _____

Best Phone # to reach you: _____ Cell Phone (if different): _____

Additional Phone: _____ (Please circle: home or work)

Co-Owner: _____ Relationship: _____

Co-Owner Cell Phone: _____

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

E-mail: _____ OR 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 to accept a check or Care Credit.

We love our staff like we love your pets. Mistreating or bullying our staff will not be tolerated.

To better serve all our clients, we may have to reschedule you if arrive more than 10 minutes late. Please arrive early to your appointments and call if you need to cancel. See our website www.ahwm.org for additional client policies. Thank you!

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