



Client Registration Form

Please provide a legal form of identification

Owner's Name: _____
Last First

Spouse: _____
Last First

Physical Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Owner's Date of Birth (Required): _____ Email Address: _____

How did you hear about us? Google ___ Yelp ___ Saw Sign ___ Other: _____

🐾	Pet #1	Pet #2	Pet #3	Pet #4
Name:				
Species:				
Breed:				
Sex:	M F	M F	M F	M F
Spayed/Neutered?	Yes No	Yes No	Yes No	Yes No
Birthdate:				
Color/Markings:				

We do not bill. Fees are due upon services rendered. A deposit will be required for hospitalization.

Declaration: APVC closes at 6pm. If I pick up my pet after hours a late fee will be charged to my account in the amount of \$25. If my account becomes delinquent, I am responsible for valid collection costs and attorney fees. A finance charge of 1.5% per month (or a \$5.00 monthly service charge, whichever is greater) is due on all balances owed over 30 days. My signature indicates that I understand these policies and I agree to them.

We value your business and appreciate your understanding.

Signature: _____

Date: _____