



ELLINGTON CENTER
ANIMAL CLINIC

CLIENT REGISTRATION FORM

Name: _____ Spouse/Partner: _____ Date: _____

Street Address: _____ Town: _____ State: _____ Zip: _____

E-mail: _____ Do you prefer text message reminders? _____

Preferred Contact Number: (day) _____ (evening) _____

home cell work other home cell work other

How did you first hear of us? yellow pages sign / driving by newspaper
 recommended by: _____
 other: _____

Please list family pets:

Pet's Name: _____ Birth Date: _____ Species: cat dog other _____
Breed: _____ Color / Markings: _____ Sex: _____ Spayed/Neutered: YES NO

- What percent of the time is your pet indoors? _____ outdoors? _____
- Does your pet have any known behavior issues or episodes of aggression? YES NO
If yes, please explain: _____
- Do you protect your pet from heartworm disease and intestinal parasites year-round? YES NO

Prior Medical Problems (if any) _____

Current Medications (if any) _____

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Breed: _____ Color / Markings: _____ Sex: _____ Spayed/Neutered: YES NO

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Prior Medical Problems (if any) _____

Current Medications (if any) _____

Please list additional pets on another form

Preferred Method of Payment: cash check credit card/debit
CareCredit (6 months interest free and low monthly payments for invoices > \$200)

AUTHORIZATION

I hereby authorize Ellington Center Animal Clinic to treat my family pet(s). I assume responsibility for all charges incurred. I understand that **payment is expected at the time of treatment** and that a deposit may be required before hospitalization. The clinic accepts cash, checks, Visa, MasterCard, American Express, Discover Card and most debit cards. The clinic also accepts a 6-month, interest free payment plan available through CareCredit for invoices above \$200. I agree to pay a \$25 charge for checks returned for insufficient funds and for any appointments for which I fail to show or cancel with less than 24-hour notice.

Spouses and partners listed on this form have equal authority to make medical decisions and to accept treatment plans.

I understand that I am financially responsible for payment, whether the services are approved by me or my spouse/partner.

Signature of Owner or Agent: _____ Date: _____