



Welcome

REGISTRATION

Owner: _____ Email address: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Cell phone: _____

Employer: _____ Work phone: _____

Owner 2: _____ Relation to owner: _____

Home phone: _____ Cell Phone: _____

Employer: _____ Work phone: _____

Emergency contact name and phone: _____

May we contact you via email or text? Yes, which? _____ No

Can we use your pet's photo for social media? Yes No

How did you hear of our clinic? Website Recommendation
 Sign Other: _____

If recommended, whom can we thank? _____

PET HISTORY

Name	Species	Breed	Color	Sex	Spayed/ Neutered?	DOB/age

AUTHORIZATION

I hereby authorize the veterinarian(s) to examine and provide medical/surgical treatment for the above described animal(s). I assume responsibility for all charges related to the care of this animal(s). I also understand that payment for these charges are due at the time of the animal's release unless prior arrangements are made with Ark Veterinary Hospital & Urgent Care. In the unlikely event that I do not pay this bill when due, I understand a service fee of \$3.00 and 1.5% of the outstanding balance will be charged to my account monthly if not paid in full. Balances over 60 days will be forwarded to a collection agency and I will be responsible for collection and attorney fees as the law allows.

Owner Signature: _____ Date: _____