



# 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: \_\_\_\_\_