

West Yukon Animal Hospital Client Registration Form

Primary Owner/Caregiver:	Place of employment:
Mailing Address:	Work contact number:
City/State/Zip:	Co-owner's name:
Physical address (if different):	Co-owner's cell number:
Cell number:	Co-owner's work Number:
E-mail address:	Co-owner's e-mail address:

Reminder preference: e-mail\_\_\_ postcard\_\_\_

ANIMAL MEDICAL HISTORY (PLEASE FILL OUT COMPLETELY)

Name	Pet #1	Pet #2	Pet #3
Dog or Cat			
Breed			
Color			
Date of Birth			
Male or Female			
Neutered or Spayed			
Length of Time Owned			

Is your pet microchipped?			
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**AUTHORIZATION FOR EXAMINATION, TREATMENT AND ASSUMPTION OF FINANCIAL RESPONSIBILITY**

I, the undersigned, authorize the veterinarian(s), technician(s), and assistant(s) to examine the animal(s) specifically described and identified. I also authorize administration of emergency medical and/or surgical treatment (including administration of anesthetics) that is considered therapeutically and/or diagnostically necessary based on the finding during the course of the initial exam, including ongoing treatments. I understand that the treatment of the patient will be conducted with due care and in accordance with the prevailing standards of competency in Veterinary Medicine and that during the performance of this procedure(s) unforeseen events resulting from the procedure(s) will not relieve me

from any obligation for all reasonable cost incurred regarding this animal. I certify that no guarantee or assurance has been made as to the results that may be obtained through the course of treatment undertaken by West Yukon Animal Hospital, its veterinarians, agents, or employees. I assume all financial responsibility for all charges incurred to the patient, consent to the release of medical information, and authorize the direct payment to West Yukon Animal Hospital. I understand and agree to pay all charges in full upon completion of services and that a deposit may be required prior to treatment. If I do not pay the entire new balance within 30 days of the monthly billing date, a service charge of 1.5% and a billing fee of \$5.00 will be added for the current monthly billing period. In the case of default of payment, I promise to pay any legal interest on the balance due, together with any collection costs and reasonable attorney fees incurred to affect collection of this account or future outstanding accounts. I understand that I may pay with cash, check, Visa, MasterCard, American Express, or Discover credit cards. I understand and agree that West Yukon Animal Hospital is not responsible for the patient's personal valuables and it is recommended that I take them when the patient is admitted to the hospital.

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Client Signature

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Date

We will gladly prepare a written estimate prior to services if you desire. Please ask the receptionist or a doctor. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.