

Date \_\_\_\_\_

# EDGEWOOD VETERINARY CLINIC INC. CLIENT REGISTRATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address if  
different: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Alt. Cell Phone: \_\_\_\_\_

Your Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If paying by check please list drivers license number(s) \_\_\_\_\_ / \_\_\_\_\_

Please list the name(s) of person(s) other than listed above with permission to authorize medical treatment, which may include euthanasia, for pets listed in this chart. I understand I am financially responsible for any fees which may be incurred for authorizations made by persons listed. \_\_\_\_\_

Client Signature \_\_\_\_\_

May we use your pets' picture on our website? We will never use their last name.  Yes  No

Who may we thank for referring you? \_\_\_\_\_

Email Address \_\_\_\_\_

**Payment is due at the time of service. Payments can be made via credit card (VISA, MC, Discover), check, or cash. Should you not pay on your account, it will be referred to an attorney for collection of the amount you owe and you will be responsible for all expenses of collection, including attorney's fees and costs.**

### *Office Use Only*

*Current address and Phone Number Verified (employee to initial in chart)*

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