RATHBURN ANIMAL CLINIC
CLIENT / PATIENT REGISTRATION FORM

□Ms □Mrs □Miss □Mr □Dr

Last Name_____ First Name_____ Spouse Name _____

Address _____ Apt./T.H./Unit #_____City_____ Postal Code_____

Home Phone #_____Work Phone #_____ Cell Phone #_____

Alternate contact _____ Relationship _____ Tel # _____

Email address: _____

Would you like to receive communications via e-mail? □ Yes □ No

How did you find out about us? Friend □ Yellow Pages □ Clinic Sign □ Internet □ Others _____

Contact person for Treatment and Billing updates_____

Animal Medical History:

Please complete information for your pets – Thank you!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Cat/Dog/Rabbit/other)			
Breed			
Description (Color/markings)			
Age or Date of Birth			
Sex	□ Male □ Female	□ Male □ Female	□ Male □ Female
Spayed or Neutered?	□ Yes □ No	□ Yes □ No	□ Yes □ No
Date of Last Vaccine			
Regular Medications?			
Special Diet?			
Does your pet have a Microchip?	□ Yes □ No	□ Yes □ No	□ Yes □ No

Does your pet have any medical conditions of which we should be aware?

_____

I understand that every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed above and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of $40 will be assessed for each non-sufficient fund cheque and/or certified letter that must be sent. All accounts unpaid after 30 days receive a $5.00 Billing Charge each month and a late charge computed at a periodic rate of 1.50% per month, which is an annual percentage rate of 18.00%. I understand that veterinary service is provided during night time hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within **ten (10)** days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

I have read and understand the above and by signing this document I acknowledge that I am 18 years of age or over.

Signature:_____ **Date**:_____

PLEASE COMPLETE and SIGN THE NEXT PAGE.