# Mendon Village Animal Hospital Client Registration

Mendon Village Animal Hospital makes every effort to provide state-of-the-art, caring veterinary services to your pet. In return, we ask that our clients pay for these services at the time they are rendered. The following information is requested for us to provide these services. Thank you in advance for paying at the time of your pet's visit.

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## Client Information:

(Mr.)(Mrs.)(Miss)(Ms.): ______________________ ____ ______________________

Circle One — First Name — MI — Last Name

______________________ (____)________-__________

Home Address — Home Phone

______________________ ________ ________

City — State — Zip

(If different from home address) ______________________ (____)________-__________

Mailing Address — Cell/Other Phone

______________________ ________ ________

City — State — Zip

_____/_____/_____ ______________________

Date of Birth — E-Mail Address

______________________ (____)________-__________

Employer Name — Work Phone

______________________

Employer Address

______________________ ________ ________

City — State — Zip

⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘

## Spouse/Other Information:

(Mr.)(Mrs.)(Miss)(Ms.): ______________________ ____ ______________________

Circle One — First Name — MI — Last Name

Home Address (If different from Client home address) ______________________ (____)________-__________

Address — Contact Phone

______________________ ________ ________

City — State — Zip

_____/_____/_____ ______________________

Date of Birth — E-Mail Address

______________________ (____)________-__________

Employer Name — Work Phone

______________________

Employer Address

______________________ ________ ________

City — State — Zip

⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘

### What most influenced your decision to choose our hospital? (Please check one)

☐ Returning Client ☐ General Reputation ☐ Client Referral * ______________________

* If a current client influenced your decision in any way, may we please have their name so we can thank them? *

☐ Location ☐ Yellow Pages ☐ Other: ______________________

⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘ ⌘

### Payment Acknowledgement

I/We the undersigned agree to pay for veterinary services, provided by the Mendon Village Animal Hospital in a timely manner including any fees assessed on my/our account(s). I/We understand that fees on accounts unpaid after 30 days will be 1.33% per month, (16% annually), with a minimum monthly charge of $3.00. I/We agree to be responsible for payment of all collection and reasonable attorney fees incurred should this account be submitted for collection.

______________________ _____/_____/_____

Client Signature — Date

______________________ _____/_____/_____

Spouse/Other Signature — Date

01/29/10

OFFICE USE ONLY: A/C # _________