

CHASE ANIMAL HOSPITAL REGISTRATION FORM

DATE: _____

NAME: _____ SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

CELL PHONE: _____ EMAIL: _____

EMPLOYER'S NAME & ADDRESS: _____

IN CASE OF EMERGENCY CALL: _____

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY PET(S), INCLUDING SPECIAL ORDER PRODUCTS. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID IN FULL AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SOME TREATMENTS. IF MY PET IS NOT PICKED UP WITHIN 30 DAYS THE PET IS CONSIDERED ABANDONED AND MAY BE ADOPTED OUT AS A DOCTOR SEES FIT. THIS DOES NOT RELIEVE ME FROM PAYING FOR YOUR SERVICES AND OR BOARDING FEES THAT MAY OCCUR. IN ADDITION, I UNDERSTAND THAT I AM LIABLE FOR ANY SERVICE CHARGES ON MY UNPAID BALANCE, COURT COSTS, THE COST OF COLLECTION, AND REASONABLE ATTORNEY'S FEES.

SIGNATURE OF RESPONSIBLE PARTY: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXP. DATE _____

**THE DOCTORS AND STAFF AT CHASE ANIMAL HOSPITAL WANT TO THANK YOU
FOR YOUR BUSINESS!!!**