



BERCLAIR

Animal  Care

New Client Registration Form

Please Print

Owner Name _____ SSN* _____

Spouse's Name _____ SSN* _____

Address _____

City _____ State _____ Zip _____

Home Number _____ Work Number _____

Cell Phone _____ Driver's License* _____

Email Address _____

Place of Employment _____

Spouse's Employment _____

Emergency Contact (Not in your household) _____

Address _____ Phone _____

Patient Information

Patient Name _____ Breed _____

Species: Dog Cat Bird Other: _____

Color _____ Male / Female Fertile / Sterile B-Day/Age _____

Vaccinations Current - YES / NO Received at: _____

Microchip# _____ Medication/Diet _____

I understand that full payment is expected at time of services rendered. I will be responsible for any and all court costs and collection agency fees incurred by Berclair Animal Hospital to collect any unpaid debt on this account.

Owner's Signature _____ Date _____

****Social Security and License numbers are required unless on a cash-only basis.**