

**Brittmoore Animal Hospital
Client Registration Sheet**



Please Check One: New Client New Pet New Client Information (Please Print)

DATE: _____ Account # _____ (For Office Use)

Owners Name: _____

Address : _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone:(____) _____

E-Mail: _____

Driver's License No. _____ Exp: _____ State: _____

Employer: _____ Work Phone: (____) _____

Spouse / Co-Owner's Name: _____

Spouse's Employer: _____ Work Phone (____) _____

Spouse's Cell Phone: (____) _____

Referred by: _____

(Persons' name, Yellow Pages, Driving by, I am a previous client)

We DO NOT accept Care Credit

ALL FEES ARE DUE WHEN SERVICES ARE RENDERED.

Method of Payment : Cash Check MC VISA AMEX Discover

Payment Policy- All payment is due upon completion of services rendered. If you have any problems paying your bill as described, please contact management for further assistance.

PLEASE RETURN TO THE FRONT DESK OR TAKE TO THE EXAM ROOM

Please email records to BAHRECEPTION@GMAIL.COM

Client Signature: _____