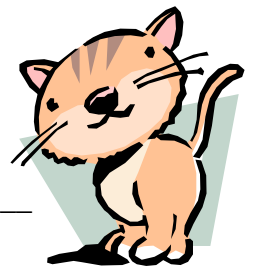




# Elkhorn Veterinary Clinic Ltd. Client/Patient Registration Form



**Owner** \_\_\_\_\_  
*First Name MI Last Name*

**Address** \_\_\_\_\_  
*Street name City State Zip Code*

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Driver's License Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Occupation or Title** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Employer Address** \_\_\_\_\_  
*Street Name City State Zip Code How long employed?*

**Spouse** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_  
*First Name MI Last Name*

**Driver's License Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Occupation or Title** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Employer Address** \_\_\_\_\_  
*Street Name City State Zip Code How long employed?*

**\*\*Professional fees are to be paid at the time of service\*\***

*(Please circle your method of payment)*

**CASH CHECK VISA MASTERCARD DISCOVER AMERICAN EXPRESS CARE CREDIT**

**Signature of Owner** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of Person presenting this pet for treatment, if other than owner \_\_\_\_\_

**Signature** \_\_\_\_\_ **Relationship to Owner** \_\_\_\_\_

**Address of Non-Owner** \_\_\_\_\_  
*Street Name City State Zip Code Phone Number*

*I understand it is the policy of the Elkhorn Veterinary Clinic Ltd. to assess a late payment fee of 1% per month, which is the annual percentage rate of 12%, on any unpaid balance after 30 days and agree to abide by the policy.*

.....  
**Pets:**

**Name** \_\_\_\_\_ **Breed** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Color** \_\_\_\_\_ **Birthday/Age** \_\_\_\_\_  
*Spay or Neuter?*

**Name** \_\_\_\_\_ **Breed** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Color** \_\_\_\_\_ **Birthday/Age** \_\_\_\_\_  
*Spay or Neuter?*

**Name** \_\_\_\_\_ **Breed** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Color** \_\_\_\_\_ **Birthday/Age** \_\_\_\_\_  
*Spay or Neuter?*

**Name** \_\_\_\_\_ **Breed** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Color** \_\_\_\_\_ **Birthday/Age** \_\_\_\_\_  
*Spay or Neuter?*