

# WELCOME TO

# South Dixie Animal Hospital

## CLIENT REGISTRATION

Owner \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Spouse's Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Email Address \_\_\_\_\_ (For internal use only)

How did you hear about us? Yellow Pages Internet Drive By Referral

Whom may we thank for the referral? \_\_\_\_\_

Payment is expected at the time of service. Please check your method of payment.

Check     Cash     Credit Card     Debit Card

All returned checks are subject to a \$25.00 fee. Accounts turned over to collections are subject to any additional fees and charges.

In the event that my pet(s) records, including radiographs and lab work, should need to be released, I authorize the staff of South Dixie Animal Hospital to do so.

\_\_\_\_\_  
Signature of Owner or Responsible Party

\_\_\_\_\_  
Date