

Existing Client Registration

Pine Woods Animal Hospital

Welcome to our hospital! Thank you for giving us the opportunity to care for your pet.

Please fill out this form completely so that we may properly update your record.

LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____ ZIP CODE _____

CITY _____ SPOUSE NAME _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ ADD. CELL _____

NUMBER OF PETS IN HOUSEHOLD? DOGS ___ CATS ___ OTHER ___

E-MAIL _____

DRIVERS LIC # _____

(Required for check approval)

- Payment for all veterinary services is due at that time.
- Bounced check fees are \$45, plus any collection fees.
- Fees for missed appointments without 24 hours notice is \$40.00
- Fees for missed surgery appointments with out 48 hours notice is \$100.00.

I understand and agree to the above hospital policies.

Client Signature: _____

Date: _____