

Vero Beach Veterinary Hospital

Owner Registration and Information Sheet

Owner Last Name _____ First Name _____
Address _____ Apt. # _____
City _____ State _____ Zip _____
Home Phone _____ (Spouse's Name) _____
Cell Phone (Mr.) _____ Cell Phone (Mrs.) _____
E-Mail Address _____ @ _____
Owner's Employer _____
Work Phone _____ May we contact you @ work Y / N _____

Pet Information

1. Pet's Name _____ Sex _____ Spayed/Neutered Y / N _____
Species _____ Breed _____ D.O.B. _____
Color: _____ Distinguishing Markings _____
2. Pet's Name _____ Sex _____ Spayed/Neutered Y / N _____
Species _____ Breed _____ D.O.B. _____
Color: _____ Distinguishing Markings _____
- 3.. Pet's Name _____ Sex _____ Spayed/Neutered Y / N _____
Species _____ Breed _____ D.O.B. _____
Color: _____ Distinguishing Markings _____

Previous Veterinarian _____ Date of Last Vaccines _____

Initial the Boxes Below

I assume full responsibility for the above animal(s). I understand that when dealing with living creatures, no guarantee for the outcome can be made. Neither Vero Beach Veterinary Hospital nor its doctors, employees, director, or owner will be liable in conjunction with any procedures performed on the above animal(s).

I understand the FULL Payment is due when services are rendered. We DO NOT bill out and All payment is expected in FULL, unless otherwise discussed prior to services being rendered. I am responsible for ANY and ALL charges not covered by pet insurance. I also agree to pay ALL cost of collections and any surcharges including reasonable attorney's fees if necessary.

How did you hear about us? Family/Friend (_____) Yellow Pages
 Internet Community Event (_____) Other (_____)

Owners Signature _____ Date _____

We accept Visa, MasterCard, American Express, Discover, Care Credit, Cash .