ANIMAL CARE ASSOCIATES
CLIENT REGISTRATION FORM

(Gray area for office use only)			
Client ID #	**New or Update**	**Date**	**Entered by**

First Name:	M.I.	Last Name:
Spouse (Significant Other) Name:		
Children (First Names):		
Address:		
Zip Code:	City:	State:
Home Ph #:	Work Ph #:	Fax #:
Cell Ph #:	Spouse Work #:	E-mail:
Drivers License #:	Names of people allowed to use your account:	
Employer:	Occupation:	
Spouse Employer:	Spouse Occupation:	
Are you a Golden Mountaineer Discount Card holder?	In Case of Emergency Call:	

Who can we thank for recommending us? □ Newspaper □ Internet □ Magazine □ Phone Book □ Sign/Location □ Kanawha Humane Society
□ Other (please specify):_____

Pet Information			
First Pet Name:	Species:	Sex:	Breed:
Color:	Birth Date/Age:		Markings:
Is there anything else you would like us to know about your friend?			

Pet Information			
Second Pet Name:	Species:	Sex:	Breed:
Color:	Birth Date:		Marking:
Is there anything else you would like us to know about your friend? *(Feel free to use the back of this form for additional pet information)*			

We at Animal Care Associates, Inc. thank you for giving us this opportunity to care for your pet. Please feel free to ask any questions you have about your pet's health.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pets. I assume responsibility for all charges incurred in the care of this/these animals. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical and medical treatments. Any outstanding balances are subject to a minimum finance charge of $3.00 or 1.5% of balance whichever is greater.

I GIVE THE OFFICE PERMISSION TO RELEASE INFORMATION REGARDING MY PETS IF REQUIRED BY ANOTHER HOSPITAL, GROOMING, PHARMACY, OR BOARDING FACILITY.

Signature of Owner:_____***Date:***_____

PAYMENT METHODS: CASH/ CHECK/ MC/ VISA/ DISCOVER/ AMERICAN EXPRESS/ CARE CREDIT

Caring People – Caring for Animals™