

Pet's Printed Name

## **CLIENT REGISTRATION**

Welcome to Evergreen Veterinary Hospital! Thank you for giving us this

Date:\_\_\_\_\_

**	ortunity to care for your pet. Please help us meet your needs better by taking the nent to complete this information sheet.	ig a
Owner's Name	Spouse/Co-Owner Name	
Email		
	Secondary (Spouse/ Co-Owner) Telephone	
Other Emergency Contact/Telephone		
How did you hear about Evergreen? Please circle all that apply.	Friend / Relative Client Internet Business Humane Society/SICSA/Animal Shelter Other	
If a person or business referred you, who	om may we thank?	
We will gladly discuss fees or prepare certain procedures. We accept cash, of the latest the support of the procedure of the support of the s	a written estimate if you desire. A deposit may be required prior to perform checks, Visa, MasterCard & American Express. Please ask our client service associates should you have questions.  Hospital to examine, prescribe for and treat my pets. I assume responsibilithat these charges will be paid in full at the time of services, or upon patient	ity
videography taken of myself or all my pother consideration. I understand and aghereby authorize you to edit, alter, copy, program or for any other lawful purpose. In addition, I waive any right to compensation	sation arising or related to the use of the photograph. I hereby release right	ny l. I ts to
	n which I or any other persons acting on my behalf. In signing this consent, my pet's name and information as printed below.	Ι
The above may NOT take photos	s of me and/or all my pets	

Owner's Printed Name

Owner's Signature