



# Yorktown Veterinary Associates

## Client Registration Form

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely.

Thank You!

Owner's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Spouse/Other: Last \_\_\_\_\_ First \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Which is your preferred method of contact? \_\_\_\_\_

Preferred Veterinarian: Dr. Carril Dr. Thomas No Preference      Keep Credit Card Information on File?: Y/N  
Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Who may we thank for recommending you to Yorktown Veterinary Associates? \_\_\_\_\_

### Pet #1

### Pet #2

	Pet #1		Pet #2	
Name				
Species	Canine	Feline	Canine	Feline
Breed/Color				
Sex	Male	Female	Male	Female
Spayed/Neutered?	Yes	No	Yes	No
Birthdate				
Age				

I hereby authorize Yorktown Veterinary Associates to render surgical and/or medical care for my pet(s). I understand that payments are due in full at the time that services are rendered and a deposit is required prior to treatment and/or surgical procedures are initiated. Unpaid invoices will accrue finance charges of 1.5% monthly (18% APR).

Signature of Owner/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_