

SOUTHSIDE HOSPITAL FOR ANIMALS REGISTRATION

DATE _____ ACCOUNT NUMBER _____

CLIENT INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

EMAIL ADDRESS _____

SSN / DRIVER'S LICENSE NUMBER _____

EMPLOYER INFORMATION

EMPLOYER NAME _____

PHONE NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SPOUSE INFORMATION

LAST NAME _____ FIRST NAME _____

PHONE NUMBER _____

EMPLOYER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMERGENCY CONTACT INFORMATION

LAST NAME _____ FIRST NAME _____

PHONE NUMBER _____

SIGNATURE OF PERSON PRESENTING THIS PET FOR TREATMENT IF OTHER THAN OWNER

SIGNATURE _____ DATE _____

****PLEASE NOTE WE DO NOT HAVE A BILLING POLICY****

METHOD OF PAYMENT (CIRCLE ONE) CASH, CHECK, DEBIT CARD, CREDIT CARD

OUR OFFICE USES THE HEARTLAND PAYMENT SYSTEM (HPS). WITH HPS, YOUR CHECKS ARE ELECTRONICALLY TRANSFERRED FROM YOUR ACCOUNT. IF YOU PAY BY CHECK, PLEASE HAVE YOUR ADDRESS IMPRINTED ON THE CHECK, YOUR HOME PHONE NUMBER, AND A VALID DRIVER'S LICENSE OR VALD ID.

IN THE EVENT THAT YOU NEED TO CANCEL AN APPOINTMENT, WE KINDLY ASK THAT YOU GIVE US TWENTY FOUR HOUR NOTICE. IF YOU DO NOT SHOW, AN EXAM FEE WILL BE ADDED TO YOUR ACCOUNT.

SIGNATURE _____ DATE _____