New Client

Registration Information

"Your Best Friend's Vet"

AAHA ACCREDITED
The Standard of Veterinary Excellence

First Name _____ M. I. _____ Last Name _____ Date of Birth _____

Street Address _____ City, State Zip _____ Email Address _____

Home Phone _____/ Cell Phone _____ Employer _____ Work Phone _____/ Occupation _____

Driver's License and SSN _____ Spouse/Emergency Contact Name _____ Spouse/Emergency Contact Phone _____

Pet's Name	Species	Breed	Color	DOB	Sex	Spay or neuter?	Microchip Number

How did you find us? Please list all that apply. Referred By _____ Location _____ Web Site _____
Yelp _____ Coupon Book _____ AAHA Listing _____ Yellow Pages _____ Other _____

Billing Information

Please note: All fees incurred at Washington Square Veterinary Clinic are expected to be paid upon release of your pet. Any unpaid balance requires the provision of the owner's Driver's License number and Social Security number. Balances left unpaid are subject to 1.5% monthly interest, and balances left unpaid for more than 90 days will be sent to collections. There is a $35 charge for each returned check.
I have read and understand the payment policy: _____ Signature _____ Date

Preferred Payment Method (indicate one or two): Visa MasterCard Discover AMEX Debit Cash Check

I hereby authorize the doctors at Washington Square Veterinary Clinic to receive, prescribe for, or operate upon my pet animals when presented by myself or my agent.

The doctors and staff at Washington Square Veterinary Clinic are to use all reasonable precautions against injury, escape, or destruction of my animals, but they will not be held liable for any problems that might arise from the care, treatment, or safe-keeping of the animals as it is understood that I, as the owner, assume all the risk.

If an animal is not picked up within fourteen (14) calendar days after the animal was due to be picked up, it will be considered abandoned and will become the property of Washington Square Veterinary Clinic. Every effort will be made at that time to find a new home for the animal. It is understood that such abandonment does not relieve me from paying for the cost of all services rendered and the use of the clinic, including the fees for boarding.

I have read the foregoing and agree.

Signature _____ Date _____ Staff member initials _____

363 S. McDowell Blvd, Petaluma, CA 94954
707.778.1011
www.WSVCpets.com