

Client Registration Form

We are pleased to welcome you to Bel Marin Animal Hospital! Please take a few minutes to fill out this form as completely as you can. If you have any questions, we'll be glad to help you. We look forward to working with you in maintaining your pet's health.



BEL MARIN
ANIMAL HOSPITAL



CLIENT INFORMATION

Name: _____ Spouse/Co-Owner: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

E-mail: _____ Co-Owner Cell Phone: _____

How did you learn about our practice? (Please check what applies)

Google/Internet Location Person: _____ Other _____

PATIENT INFORMATION

Animal Name	Species (Dog/Cat)	Breed	Color	Birth Date/Age	Sex (M/F)	Neutered/ Spayed (Y/N)

Previous Veterinarian/Clinic Name _____

Financial Agreement & Authorization

All professional fees are due at the time service is rendered. In cases of extensive medical or surgical procedures, a deposit may be required. There will be a service charge for any check returned unpaid. Signature of client responsible for pets or duly authorized agent (you must be over the age of 18 to sign as the responsible party for your pet).

Signature of Responsible Party: _____ Date _____

SOCIAL MEDIA RELEASE: May we post your pet to our Social Media pages? We love to share pics of our amazing patients!

By checking this box, I grant Bel Marin Animal Hospital, its employees, and authorized representatives to take photographs and/or video of my pet(s), to copyright, use, and publish the same in print and/or electronically. Bel Marin Animal Hospital may also use and publish my pet's story. I agree that Bel Marin Animal Hospital may use such photographs, videos or stories for any lawful purpose, including such purposes as social media, publicity, advertising, and other web content.