

**Driftway Animal Hospital
CLIENT REGISTRATION FORM**

Date _____

Name of owner _____

Driver's license # _____

Spouse: _____

Address _____

City _____ State _____ Zip _____

Home phone _____

Cell phone _____

Work phone _____

In case of **EMERGENCY** call _____

Signature of owner _____

Signature of person presenting pet other than owner _____

How did you first hear of our hospital? (Please circle)

Hospital sign/Drive by

Yellow pages

Cared for previous pets

Pet Gazette

Recommended by someone

Website

Other _____

PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE

We accept cash, checks, MasterCard, Visa, Amex, Discover, Care Credit

**EXTENDED PAYMENT OPTIONS ARE AVAILABLE TO CREDITWORTHY
CLIENTS WHO ARE PREAPPROVED BY PaymentBanc**

WE WILL GLADLY PREPARE FOR YOU A WRITTEN ESTIMATE
THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET