

HOMETOWN PET CARE CENTER

Marcus Kramer D.V.M *Eric Wilsnack D.V.M*

827 Sebastian Blvd. Sebastian, FL 32958
772-589-4010

CLIENT REGISTRATION FORM

Date: _____ How did you hear about us: _____

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Animal Medical History

Please complete information for all your pets - Thank You!

	Pet One	Pet Two	Pet Three
Pet's Name			
Species	Dog - Cat - Other	Dog - Cat - Other	Dog - Cat - Other
Breed			
Color and/or markings			
Age or Date of Birth			
Approx. Weight?			
Sex	Male - Female	Male - Female	Male - Female
Altered or Spayed?	Yes - No	Yes - No	Yes- No
Approx date of most recent vaccines			
On any medication? (If yes, name meds)	Yes - No	Yes - No	Yes- No
On Heartworm prevention?	Yes - No	Yes - No	Yes- No
Reason for visit?			

I assume responsibility for all charges incurred in the case of this/these animals and that payment for services rendered is expected at time of release. A deposit may be required for patients hospitalized to receive treatment. I understand that any unpaid balances will accrue finance charges of 1.5% monthly and a service charge of \$4.00 monthly cover billing costs. Any account requiring a collection agency to recover fees will also assume responsibility for costs of said collection.

Owner or Responsible Party: _____