

NEW PATIENT REGISTRATION

Owner's Name		Second Name on Account & Relationship	
		Spouse / Partner / Pet Sitter / Friend / Relative	
Mailing Address			
Street	Apt#	Zip	City, State
Phone Numbers			
Primary Contact Info:			
Secondary Contact Info:			
Client Drivers License / SSN		Client Date of Birth	
Email address		What is your preferred contact method? (circle one)	
		Email Phone Both	
May we post pictures of your pet on our website, Facebook or other social media platform?			
How did you learn about our hospital? (circle one)			
Drive By / Friend or Relative / Other Vet / Website / Yelp			
Other (specify):		Who may we thank for your referral?	
Pet's Name	Sex	Spay/Neuter	DOB/AGE (estimate if exact unknwn)
		Y / N	
Species	Breed		Color / Special Markings
Has your pet been seen by a veterinarian before? Yes / No			
<i>If yes, clinic name and phone number</i>			
If "Yes", do you authorize the release of those records to Summertree Animal Clinic?			
YES / NO _____			
Signature _____			

Authorization to Provide Care

I confirm I am 18 years old (or older) and I am the owner (or authorized agent of the owner) for the pet listed above. With my signature, I authorize the veterinarians and staff of Summertree Animal and Bird Clinic to examine, treat, administer medications and perform diagnostics, surgical procedures, and/or to hospitalize my pet if the doctor(s) deem it necessary for the health, safety or wellbeing of my pet. I understand that, except in dire emergencies, all treatments and procedures will be discussed with me prior to implementations and a written estimate will be provided upon request. I agree to assume responsibility for all charges incurred in the care of my pet(s), as well as reasonable attorney's fees, court costs, and interest if the balance is sent for collection. I understand that full payment is due at the time services are rendered, and that Summertree Animal and Bird Clinic does not bill for services or provide payment plans for treatment. Payments must be made with cash, Visa, MasterCard, Discover, American Express, Care Credit or a Check pre-printed with your name and address. At least one picture identification (driver's license, etc) is required if you pay by credit card, check or Care Credit. Pre-payment of services may be required for medical concern cases or anesthetic procedures.

I acknowledge that I have read, understand and agree with the above information.

 Signature

 Date