



MONTGOMERY ANIMAL HOSPITAL



CLIENT REGISTRATION FORM

Owner's Name: _____

Date of Birth: _____ Driver's License Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Spouse/Relative Phone: _____

Email: _____

How did you hear about us? _____

Do you qualify for our 10% discount that we offer to Military service members or Senior Citizens (over 65)? Yes No Military ID # _____

***It may take up to 24 hours for this discount to take effect.

PETS INFORMATION

Name: _____ Dog Cat Age: _____

Breed: _____ Male Female Spayed Neutered

Color: _____ Previous Vet: _____

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Do we have permission to use photos of your pet on our website and social media? Yes No

In any case that an animal is dropped off and left for 10 days with no contact, it is considered abandoned and Montgomery Animal Hospital will take ownership of that animal.

****All fees are due at the time services are rendered.** We accept major credit cards, Care Credit, cash, and checks. There will be an NSF fee for any returned check. Please sign below stating that you understand the above policies.

Signature _____

Date _____