



Client Registration Form

Welcome to Evans Family Pet Care! Thank you for giving us the opportunity to care for your pet. To ensure the best possible care and communication, please complete this form and sign at the bottom. Thank you.

Owner Information

Owner's Name:	Owner's Birthdate:
Driver's License #:	Primary Phone:
Address:	City: State: Zip:
Email:	Spouse/Co-Owner:
Employer:	Previous Veterinarian:
Is anyone else authorized to give consent for your pet? () Yes () No <ul style="list-style-type: none"> • Name _____ • Phone Number _____ • Relationship to you _____ 	
Reminder preference: () Email () Text	How did you hear about us?

Pet Information

Name	Species (Dog/Cat/etc.)	Breed	Color/Markings	Age/Birthdate	Sex (M/F)	Spayed/Neutered (Y/N)	How long have you had pet?

Financial Agreement and Authorization

I hereby authorize Evans Family Pet Care to examine, treat, and prescribe for my pet(s). I assume full responsibility for all financial charges incurred in the care of my pets. I also understand that payment is always **DUE AT TIME OF SERVICE**. I have read and understand this policy and I accept full responsibility for all fees. All charges not paid in full within 30 days will incur interest at a rate of 1.5% per month or 18% per year. I understand that failure to pay in full will result in legal action against me. I agree to pay all costs incurred in the collection process including, but not limited to: late charges, attorney fees, and a collection agency fee of \$100.00 or 50% of the balance assigned, whichever is greater, with or without suit.

A missed appointment is a loss to everyone. Please inform us in advance if you are unable to keep a scheduled appointment. Two missed appointments (without notification) will result in a \$45.00 charge.

Signature of Owner:

Today's Date: