BLUE RIDGE ANIMAL CLINIC

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Allen E. Strecker, DVM | Ashley F. Spencer, DVM | Shawn Alec Tester, DVM
Lindsey L. Fenster, DVM | Keagan N. Clevenger, DVM | Robert C. Murdock, DVM | Kathy Y. Eichelberger, DVM

CLIENT REGISTRATION FORM

YOUR INFORMATION

Date: _____

Name: _____ Spouse Name: _____

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

Best Phone Number: _____ ☐ Cell ☐Home ☐ Work ☐ Other: _____

Alternate Contact #1: _____ ☐ Cell ☐Home ☐ Work ☐ Other: _____

Alternate Contact #2: _____ ☐ Cell ☐Home ☐ Work ☐ Other: _____

e-mail: _____

Employer: _____ Employer Phone: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Address: _____

PET INFORMATION

Pet Name: _____ Pet Date of Birth: _____

Type of Animal: ☐ Dog ☐ Cat ☐ Other: _____ Sex: ☐ Male ☐ Neutered ☐ Female ☐ Spayed

Breed: _____ Color: _____

Vaccine History Dates/Types: _____

Reason for Visit: _____

Current Medications: _____ Current Food: _____

AUTHORIZATION I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of service and that a deposit may be required for surgical treatment or hospitalization. I have read and understand this authorization.

_____ _____
Signature of Owner or Authorized Agent Date

SSN : _____ Date of Birth: _____

A SSN is required for billing purposes and would only be used in the event of collection action pursuant to the requirement of the Virginia General District Court System. The SSN will be kept separate from your pets medical record.

METHOD OF PAYMENT

☐ I will pay my bill for services rendered at the time of service using cash/check/Visa/Mastercard/American Express or Discover

☐ I would like to put my credit card securely on file and authorize it to be used for my pet's charges. I understand that I will receive a monthly statement of charges.

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover Card Number: _____

Expiration Date: _____ CVV: _____ Billing Zip Code: _____

_____ _____
Signature of cardholder Date