

# Owner Registration

Date \_\_\_\_\_

Owner \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Referred By \_\_\_\_\_

Employer \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

## Payment Type:

- Check
- Credit Card
- Cash
- Care Credit

**\*\*PLEASE NOTE\*\***

Payment is expected at the time of service.

- I give Urbana Veterinary Clinic permission to use photographs of my pet(s) on the clinic Facebook page, website, etc.***

*I understand that any unpaid balance on my account will bear an interest at the rate of 2% per month. I also understand that if no payment or contact is made within 60 days, my account could be turned over to collections.*

Signature \_\_\_\_\_ Spouse Signature \_\_\_\_\_

Checked by: \_\_\_\_\_