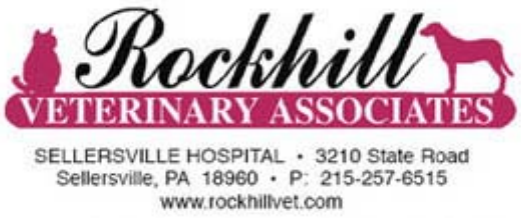
Client ID_____




# CLIENT REGISTRATION

Today's Date: _____

Name: _____ Referred by: _____

Street address:_____

_____

Occupation: _____

Employer:_____

Address _____

_____

Telephone Numbers (please include area code): EMAIL: _____

Home:(____)_____-_____ Work:(____)_____-_____ Cell:(____)_____-_____

[ ] Spouse [ ] Partner [ ] Co-owner [ ] _____ Name: _____

Address(If different from above):_____

_____

Emergency Contact:_____( ___)_____-_____
(Name of nearest relative not living with you) (Phone #)

How did you hear about us? Yellow pages, sign, friend, website or other (please specify)

_____

**PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED**

· **In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Rockhill Veterinary Associates and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.**

· **It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained. Further, I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.**

**Signature:**

_____