

LAFAYETTE VETERINARY CLINIC, LLP
2468 Route 11 South
LaFayette, NY 13084
(315) 677-3838

CLIENT/OWNER REGISTRATION FORM

Date: _____

Name: _____ Spouse/Other: _____

Address: _____ City _____ State _____ Zip code _____

Your Place of Employment: _____

Spouse/Other Place of Employment: _____

Closest Relative/Emergency Contact: _____ Phone #: _____

PHONE NUMBERS: Please circle your preferred number for contact:

Home: _____ Spouse/Other home (if different): _____

Work: _____ Spouse/Other work: _____

Cell: _____ Spouse/Other cell: _____

Would you like to receive text messages for reminders? Yes or No Name of cellphone company: _____

E-Mail Address _____

Do we have your permission to post pictures of your pets on Facebook, Website, and in our clinic: Yes or No

Please provide the names and ages of any children and indicate all pets in your household such that we can better protect your family from and give you proper information about the possible risks of pet ownership.

Please let us know how you heard about us: Referral from family or friend, _____, Phonebook, Internet, Advertisement, or Other (_____.)

Have you stopped by our Website? Yes or No Comments: _____.

We require a 24 hour notice for cancellation. If you miss more than one appointment without sufficient notice, there will be a \$30.00 fee for a missed appointment: _____ (Initials)

WE DO NOT BILL. All payments are due at the time of service or discharge. We accept Cash, Checks, Visa, MasterCard, Discover, American Express and CareCredit: _____ (Initials)

I assume responsibility for all charges incurred in the care of my animal(s). If a balance is incurred for any reason, I understand that there will be a \$20.00 billing fee and 1.5 % monthly interest added to my account. A late payment fee of \$30.00 will be added to any account that has a balance over thirty (30) days: _____ (Initials)

If full payment is not made before the account is ninety (90) days overdue, my unpaid account balance will be assessed a percentage equivalent to the collection agency fee (between 20-30%) and transferred to a collection agency. I will also be responsible for all further legal, court, attorney and collection filing fees: _____ (Initials)

Signature of Owner or Responsible Party _____
(18 years old or older)