

Animal Hospital of West Chester

Client Registration

Name (last): _____ (first): _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Cellular Phone: _____

Spouse's name/other: _____ Cellular Phone: _____

E-Mail: _____

Please provide us with your email address. We will not continue to mail out reminder post cards for much longer. They will be sent via email. We do not send junk e-mails or solicitations. We will only send e-mails for vaccination reminders, lab results or information that is pertinent to your pet or this practice. Please help us recycle and save paper

Alternate Contact: _____ Phone: _____

How did you hear about our clinic? _____

Media Release

I, the undersigned, do hereby consent and agree that Animal Hospital of West Chester, its employees, or agents have the right to take photographs, videotape or capture digital recordings of me and my pet and to use these in any and all media, now or hereafter known. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

FINANCIAL RESPONSIBILITY:

I hereby authorize the veterinarian at the Animal Hospital of West Chester to examine, prescribe for or treat my pet. I assume all financial responsibility for all charges incurred for the care of my animal. I also understand all charges must be paid in full at time of service. For your convenience, we accept cash, credit cards, and Care Credit. We are no longer accepting checks.

Signature: _____ Date: _____