



Warner Center Pet Clinic
Client Registration
Welcome to Warner Center Pet Clinic!!

Owner _____
Last First

Phone Numbers:	H:
C:	W:
Phone Numbers:	H:
C:	W:

Spouse/ Partner _____
Last First

Address: _____
Street City Zip Code

E-mail Address for reminders and specials: _____

Occupation _____ Employer _____

Drivers License #: _____ Social Security #: _____

Spouse's Occupation _____ Spouse's Employer _____

Pet Name			Pet Name		
Breed	DOB		Breed	DOB	
Color	Sex	Neutered?	Color	Sex	Neutered?

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED

Payment is due when services are rendered. Please feel free to ask for estimates. Payment arrangements (Contractual Agreement) should be approved prior to services being rendered. We gladly accept Cash, Checks, Visa, Mastercard, Amex and CareCredit.

Wherein a CONTRACTUAL PAYMENT AGREEMENT (herein referred to as "contract") is executed, 50% of the transaction total shall be paid at the time of services. Balance is to be satisfied in no more than two (2) payments. Date(s) of said payment(s) will be determined at the time "contract" is signed. There will be interest billed on all services not paid in full. A \$25.00 fee will be assessed on each returned check. Should it be necessary to send your account to our Collection Agency you will be responsible for all fees for services rendered, billing charges, returned check charges, plus a \$25.00 processing fee.

I accept all financial responsibility for any pet(s) brought in by the following individuals (including spouse):

I accept financial responsibility for any medical or non-medical services, products or treatments rendered while any pet(s) I present to hospital is/are in under the care of Warner Center Pet Clinic or Clone West.

Signature of Owner or Guarantor: _____ **Date:** _____

Signature of Person presenting Pet(s) for treatment, if not the Owner _____

REFERRED BY: _____ PREVIOUS VETERINARY HOSPITAL: _____