



### Client Registration

Name: Mr. Ms. Mrs. Dr. \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License or ID Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street number and name	City	State	Zip Code
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Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone Number: (please include area code) \_\_\_\_\_ Email: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Spouse  Partner  Co-owner  Name: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

└─ If referral, whom may we thank? \_\_\_\_\_

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

- I authorize the veterinarians of *Action Care Mobile Veterinary Clinic, LLC*, and their support staff, to administer such treatment and/or perform 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.
- I understand that a deposit of at least 50% is required before services are performed and all final charges must be paid at time of discharge. I assume full financial responsibility for all charges incurred by my pet. 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.
- No billing or credit is available through our service. Please indicate your choice of payment:

Check  Cash  Card  Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_