

# AMARILLO VETERINARY CLINIC, PLLC

3104 SE 10<sup>TH</sup> AVE | AMARILLO, TX 79104 | PHONE 806-373-7454 | FAX 806-373-7475

Receptionist: \_\_\_\_\_

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

## Client Registration

Thank you for choosing our animal clinic. We pride ourselves in offering high quality medical care and emphasize preventive medicine. We look forward to serving you and caring for your pet's needs for many years to come. Please complete this form so we can accurately enter this information into our files.

**Owner's Name:** \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street address) Cell Phone # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ E-mail Address \_\_\_\_\_  
(Mailing address, P.O. Box if applicable) (For free pet reminders and newsletter)

\_\_\_\_\_ (City) (State) (Zip)

\_\_\_\_\_ (County)

**Spouse's Name:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ Spouse Employer: \_\_\_\_\_  
(Required)

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street) (Street)

\_\_\_\_\_ (City, State, Zip) \_\_\_\_\_ (City, State, Zip)

Work Phone # : (\_\_\_\_) \_\_\_\_\_ Work Phone # : (\_\_\_\_) \_\_\_\_\_

### ***The following information is required for your account and is strictly CONFIDENTIAL:***

SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_/\_\_/\_\_ (Required)

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

State Issued I.D. #: \_\_\_\_\_ State: \_\_\_\_\_

How do you plan to pay for today's services? Circle one: **Cash** **Credit Card** **Care Credit**

**Payment is due in full at the time of service.**

**We accept cash, credit cards; VISA, MasterCard, Discover, and we offer Care Credit if you need a payment plan.**

**How did you hear about our clinic?** Phone Book: \_\_\_\_\_ Drove By: \_\_\_\_\_ Clinic Mailing: \_\_\_\_\_  
Other: \_\_\_\_\_ Referral: \_\_\_\_\_ Whom may we thank for referring you? \_\_\_\_\_

We pledge to do our very best to care for your pet's health needs. In return we ask you to accept the responsibility for charges incurred in the treatment of your pet and accept that **payment is due when services are rendered.** Please feel free to ask for an **Estimate** prior to us providing any services.

**Client Agreement & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

