

Dave J. Rupiper DVM
East Petaluma Animal Hospital
1420-B South McDowell Blvd., Petaluma, CA 94954
Phone: (707) 765-9098 Fax: (707) 765-2984 Web: EPAH.net

Client Registration

Date _____

Name _____
Last First Spouse's First Name

Address _____
Number Street City Zip Code

Driver's License # _____

Occupation _____

Employer _____

_____ Number Street City Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse's Work _____ Spouse's Cell _____ Other Phone _____

Spouse's Occupation _____

Spouse's Employer _____

_____ Number Street City Zip Code

How did you become aware of our hospital? Yellow Pages Sign Mailing Other _____

Referral or Personal recommendation... who may we thank? _____

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

The undersigned hereby acknowledges that he/she is entering into an agreement with the East Petaluma Animal Hospital for veterinary services. As owner or authorized agent, I understand that the hospital shall obtain permission for treatment from the person presenting the patient and shall provide an estimate of costs if requested. I also realize that in the event of unforeseen circumstances, emergency measures may have to be instituted before my permission can be obtained. All past due accounts will be charged a finance charge of 1½% monthly which is an annual rate of 18%. A \$20 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, and returned check charges, plus a \$20 processing fee.

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

I accept all financial responsibilities for any medical or non-medical services rendered for my pet(s) while in the care of East Petaluma Animal Hospital.

Signature of owner _____

Signature of person presenting pet(s) if other than owner _____

Relationship to owner _____

Address of non-owner _____

Phone _____