



LOUISBURG
veterinary hospital

CLIENT REGISTRATION FORM

Client Information (Please Print)

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Primary Phone: _____

Home Phone: _____ Work Phone: _____

Best Number to Reach You: Home Work

Pet Information

Name: _____ Species: _____ Breed: _____

Date of Birth: _____ Male Female / Spayed Neutered Color: _____

Last Seen by Veterinarian Clinic: _____

Phone Number: _____

How Did You Hear About Us?

Sign Recommendation – Name of Person: _____

Thank you for choosing Louisburg Veterinary Hospital! Our primary mission is to provide compassionate care, affordable rates and superior comprehensive veterinary care with a family approach. We diligently strive to ensure that the cost of quality veterinary care is as economical and manageable for our clients as possible by offering multiple payment options.

We offer multiple payment options in the form of: Cash, Check, Visa, Mastercard, Discover, American Express, and Care Credit.

****All returned checks will be charged an additional \$35.00****

Any necessary treatments and/or hospitalized care will be provided an estimate and a REQUIRED deposit amount of 50% of the estimates cost of care is due prior to procedures.

****Louisburg Veterinary Hospital requires payment in FULL at the time of check out.****

By signing below, you acknowledge and fully understand the Louisburg Veterinary Hospital Financial Policy and agree to the Louisburg Veterinary Hospital terms of payment.

Signature: _____

Photo Consent

I hereby grant Louisburg Veterinary Hospital permission to take photographs of my pet(s), and to publish those photographs for any lawful purpose, include, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity. I understand that Louisburg Veterinary Hospital will not use my name or my pet's name.

By signing this document, I authorize Louisburg Veterinary Hospital to edit and share the photograph(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my pet(s) image(s) and name(s) for the personal or commercial purposes outlined above.

Signature: _____

PET REGISTRATION

1st Pet Information

Name: _____ Species: Canine Feline Reptile Exotic Pet

Breed: _____ Color: _____

Date of Birth: ____ / ____ / ____ If unknown, approximate age: _____

Sex: Male Female / Spayed Neutered

Is your pet up to date on vaccines? _____

Please list prior illnesses, surgeries, allergies:

Is your pet currently on any medications? Yes No

If yes, names of medications and dosage:

2nd Pet Information

Name: _____ Species: Canine Feline Reptile Exotic Pet

Breed: _____ Color: _____

Date of Birth: ____ / ____ / ____ If unknown, approximate age: _____

Sex: Male Female / Spayed Neutered

Is your pet up to date on vaccines? _____

Please list prior illnesses, surgeries, allergies:

Is your pet currently on any medications? Yes No

If yes, names of medications and dosage:
