



THE STAFF OF REGAL VETERINARY CLINIC
WELCOMES YOU AND YOUR PETS!

Client #: _____

Pet Guardian's Name: _____ Spouse/Other: _____

Address: _____ Apt#: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____

Are you military? _____ Are you 55 years of age or older? _____

We will gladly prepare a written estimate if you desire (please ask a Technician). This will be important to you since PAYMENT IS DUE AT THE TIME THE SERVICES ARE BEING RENDERED. We accept cash, Visa, Discover, American Express & MasterCard. In the case of extensive medical or surgical procedures where payment may be difficult, you may apply for a line of credit through CareCredit. Unfortunately, we cannot extend the privilege of charging services. For services estimated to be over \$100.00, we require a minimum deposit of 50% at the time the pet is dropped off.

Pet's Name	Species/Breed	Color	Age	Sex/Sterilized?

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

How did you hear of us? Whom may we thank? _____

If you would like your pet to be eligible for Pet of the Month, have their photo on our website, etc., please initial or check the box below:

I hereby consent to the participation in the taking of photographs by Regal Veterinary Clinic. I also grant to Regal Veterinary Clinic the right to use, edit, and reuse said products for said publication purposes including use to print, on the internet, and all other forms of media. I also hereby release Regal Veterinary Clinic and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of responsible agent for pet(s) _____ Date: _____