

KNIGHTDALE ANIMAL HOSPITAL



CLIENT & PET REGISTRATION

Client Information (Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Primary Phone: _____ Home Number: _____

Work Phone: _____ Best Number to Reach You: Primary Home Work

1st Pet Information

Name: _____ Species: _____ Breed: _____

Date of Birth: _____ Male or Female (Spayed/Neutered) Color: _____

Last Seen by Veterinarian/Clinic: _____

Phone Number: _____

2nd Pet Information

Name: _____ Species: _____ Breed: _____

Date of Birth: _____ Male or 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 Knightdale Animal 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 estimated cost of care is due prior to procedures.

*****Knightdale Animal Hospital requires payment in FULL at the time of checkout.*****

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

Signature _____

Photo Consent

I hereby grant Knightdale Animal 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 Knightdale Animal Hospital will not use my name or my pet's name.

By signing this document, I authorize Knightdale Animal 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 _____