PEAK
VETERINARY REFERRAL CENTER

Client/Patient Registration - ID #: _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City/Town _____ State _____ Zip _____

Preferred Phone Number _____ ○ Home ○ Work ○ Cell

Email Address _____

Alternate Phone Number _____ ○ Home ○ Work ○ Cell

Spouse/Co-Owner Name _____ Phone Number _____ ○ Home ○ Work ○ Cell

How Did You Hear About Our Hospital? *(please select)* ○ Vet's Referral ○ Advertising ○ Friend's Referral ○ Other _____

Pet Information

Pet's Name _____ Breed _____ Color _____

○ Dog ○ Cat ○ Other: _____

○ Neutered Male ○ Spayed Female

○ Intact Male ○ Intact Female

Pet's Date of Birth _____

Is your pet up to date on vaccinations? ○ Yes ○ No

Primary Veterinary Hospital _____ Primary Veterinarian _____

Location *(City, State)* _____ Phone Number _____

Photo Release

I hereby grant Ethos and its network of hospitals permission to use photographs of my pet in both print and online media, to include (but not limited to): the website, blog articles, social media, printed brochures, other printed materials, photographic displays and in advertising.

○ Grant Permission ○ Do Not Grant Permission

Financial Policy

Payment for all services is required as services are rendered and any remaining balance must be paid when services are completed. We accept American Express, Mastercard, Visa, Discover Card, checks (with valid ID), Care Credit, Wells Fargo Health Advantage, and cash.

All day services and hospitalizations require a full deposit of the written, estimated cost. Estimates are based on your pet's status and may change if medically appropriate. Should additional services or changes require an additional estimate you will be informed and we will collect the deposit on the new estimate with your agreement to treat.

I am the legal owner or the representative of the legal owner of the animal being presented. I am over the age of 18 years. _____

Signature _____ Date _____