

WELCOME TO FRANKLIN VETERINARY ASSOCIATES

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have regarding your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

REGISTRATION

Owner(s): _____ Date: _____

Address: _____

Zip: _____ City: _____ State: _____

Email: _____

Home Phone: _____ Place of employment _____

Cell Phone: _____ Work Phone: _____

Drivers License#: _____ Social Security #: _____

Emergency Contact and Phone #: _____

AUTHORIZATION

_____: (Initial) I hereby authorize the veterinarian to examine, prescribe for, or treat the above mentioned pet. I assume responsibility for all charges incurred in the treatment/cure of the animal. I also understand that all professional fees are due at the time services are rendered. If my account becomes assigned to a collection agency, I agree to pay a 30% collection fee, interest in the amount of 1.5%, court costs, and attorney fees, as allowed by law. I understand that all accounts with a balance over 30 days will be assessed a 1.5% late charge per month on the unpaid monthly balance.

_____: (Initial) I also understand that if I need to cancel my appointment within 24 hours of my scheduled appointment time, I will be charged a No Show appointment fee of \$60 per an appointment. If late for an appointment, the office may not be able to see me for the appointment depending on the schedule. If seen, a late charge will be applied. If we are unable to see you due to being late, you will be charged a No Show appointment fee.

Signature of client responsible for pets (SEAL):

Date: