



# JONESVILLE ANIMAL HOSPITAL

*compassionate care for your pets*

## Client Registration Form

Client Account Number: \_\_\_\_\_

### Owner

Name Mr./ Mrs./ Ms./ Dr.	
Address	
City, State, Zip Code	
Cell Phone	Other Phone
Email Address	
Work Title	Employer Name

### Spouse/Co-Owner

Name Mr./ Mrs./ Ms./ Dr.	
Cell Phone	Other Phone
Work Title	Employer Name

### How did you hear about us?

- Location     Internet     Facebook  
 Client Referral (whom may we thank?): \_\_\_\_\_  
 Other: \_\_\_\_\_

### Photo Consent:

We love social media! Do we have your permission to share images of you and/or your pet(s) on social media, our website, and other forms of related media? Your full name and personal information will never be shared. Simply check below to authorize:

- Yes, I authorize Jonesville Animal Hospital to take and share photographs of me and/or my pet.  
 No, I do not authorize this.

### **FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.**

We accept Cash, Checks, Debit, American Express, Visa, MasterCard, Discover and Care Credit

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_