

 **The Pet Care Clinic of Doral**
Registration

OWNERS INFORMATION

Last Name _____ First Name _____
Address _____ City _____ St _____ Zip _____
Home Phone _____ Work _____ Cell _____
E-mail Address _____ Employer _____ Phone _____
Additional Owner _____ Phone: _____

HOW DID YOU HEAR OF US?

Website ___ Walk by ___ Advertising ___ Google ___ Facebook ___ Yellowpages.com ___
Referral ___ Name _____ Relation _____

PET INFORMATION

Name _____ Dog ___ Cat ___ Other _____
Breed _____ Male ___ Neutered ___ Female ___ Spay ___
Color _____ Age/Date of Birth _____

PET HEALTH INFORMATION

Does your pet have a Microchip? _____ If yes, microchip# _____
Is your pet on Heartworm Prevention? _____ Flea/Tick prevention? _____
Does your pet have any serious illness? _____ If yes, explain _____
Anything you would like us to know about your pet? _____

IMPORTANT INFORMATION

- We accept AMX, MasterCard, Visa and, Discover
- Checks are accepted with current U.S. driver's license. Name on check must match name on D.L.
- There will be a \$25 service charge fee for returned check

Driver's License# _____ State _____ SS# _____
Credit Card# _____ EXP _____ Code _____

PLEASE READ AND SIGN

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required. In the event payment is delayed, Pet Care Clinic has the right to collect an interest fee of 1.5% per month on the unpaid balance plus collection fees.

Print Name _____ Sign _____ Date _____