

Slate Creek Animal Hospital

Registration Form

Primary Owner Information

Name: _____

Phone Cell: _____ Home: _____

Email: _____ Occupation: _____

Text and/or email reminders will be sent to primary owner's cell/email



Secondary Owner/Spouse Information

Name: _____

Phone Cell: _____ Home: _____

Email: _____ Occupation: _____

Address

Street: _____ City: _____ Zip: _____

Mailing Address (if different): _____

YES NO I qualify for a 10% senior citizen discount? (65 or over)

Senior citizen discount does not apply to large animal services

YES NO I qualify for a 10% military discount.

YES NO I give consent for Slate Creek to use images of my pet(s) on social media.

We accept: Cash, Check, Visa/MC/Discover, Visa Debit. We **DO NOT** accept: American Express, Care Credit.

We record all phone calls for training purposes

Our hospital is under 24 hour video surveillance

I, _____, acknowledge that I am seeking veterinary care for my pets at Slate Creek Animal Hospital and hereby certify that I accept all financial responsibility for any charges incurred at the time of services rendered.

Owner Signature: _____ Date: _____