

REGISTRATION

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Email Address _____

Employer's Name & Address _____

Spouse's/Other's Employer & Address _____

At what time _____ and at what phone # _____ is it best to call about your pet?

Has your pet been treated for any illness in the past year Yes No

Specify problem(s), medication and dosage, if known _____

How did you first hear of us? Yellow Pages Other _____ Individual

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges are due at the time of release and that a deposit may be required for surgical treatment. Requests for extended payments must be made in advance. Should litigation or collection action be necessary, all legal fees, court expenses, and any other expenses incurred by Sunset View Pet Hospital or their authorized agent to enforce payment of the balance due on this account, will be paid by the party(s) whose signature appears hereon. Party agrees that all current accounts shall be paid in full. A charge of 18% per annum or the highest allowable interest will be applied on any past due balance. Failure to do so gives Sunset View Pet Hospital the right to deny any further sales. The party whose signature appears hereon acknowledges and agrees to these terms. A charge of \$15.00 will be added to any dishonored checks/instruments, in addition to any other charge permitted by Iowa law. Past due accounts are subject to credit restrictions.

I (We) agree to these terms and do personally guarantee this account.

Owner or Responsible Party _____

If you pay by check, please complete the following:

Driver's License Number _____ State _____

Pet #1	Pet #2	Pet #3
Name	Name	Name
Species	Species	Species
Breed	Breed	Breed
<input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MN	<input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MN	<input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MN
DOB _____ (or) Age _____	DOB _____ (or) Age _____	DOB _____ (or) Age _____
Color	Color	Color