

New Client Registration Form

Animal Hospital of Tiffin

2765 S SR 100
Tiffin, Oh 44883
419-455-0470

WELCOME

Thank you for choosing **Animal Hospital of Tiffin** and giving us the opportunity to serve you and your pet. To assist us in providing the best care for your pet, please take a few minutes and complete this form. Please print clearly.

Mr. Mrs. Ms. **Owner Name** _____ **Co-Owner Name** _____

Mailing Address _____

Home Phone # _____ Cell Phone # _____

Employer _____ Work # _____

Driver License # _____

Animal Hospital of Tiffin utilizes e-mail addresses for communication on updates, vaccine reminders, newsletter and Pet Portals. Please print clearly your e-mail address:

How did you hear about us (circle one)

| | | | |
|------------------------------------|---------------|-----------------|---------------|
| Neighborhood | Yellow Pages | Mailing | Friend |
| Referral from another veterinarian | | Existing Client | |
| Internet | Localvets.com | Google | Website Other |

I assume responsibility for all charges incurred for the care of this patient(s). I understand that all charges will be paid at the time of service. I understand that **Animal Hospital of Tiffin** does not authorize any charging. I understand a deposit may be required for any surgical, emergency or hospitalization service. Payments can be made with cash, check, Visa, MasterCard or Discover. We also accept Care Credit and can provide you with the necessary information to apply for this third party billing option. There will be a \$40.00 fee for any returned payment.

Owner or Responsible Party

Today's Date