



RBAH, PLLC, Client Registration

Owner _____
(Last Name) (First Name)

Co-Owner / Spouse _____
(Last Name) (First Name)

Address _____ City _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

SSN _____ D.O.B. ____/____/____

Email Address _____

Employer's Name & Address _____

Occupation _____ Work Phone (_____) _____

How did you hear about us? _____
(If personal recommendation, please give a name for referral credit)

Pet's Name _____ Dog / Cat Male / Female Neutered / Spayed

Breed _____ Age / D.O.B. _____ Color _____

Pet's Name _____ Dog / Cat Male / Female Neutered / Spayed

Breed _____ Age / D.O.B. _____ Color _____

***** Please use back of page for additional Pets *****

Authorization

I hereby authorize the Raleigh Bartlett Animal Hospital, PLLC, it's Veterinarians, representatives, agents and employees to perform services on my Pet(s), including but not limited to exam, procedures, diagnostics, surgery, etc. I hereby release and forever discharge RBAH, PLLC, it's Veterinarians, representatives, agents and employees from all claims and demands whatsoever which I have or may have against RBAH, PLLC, it's representatives, agents and employees, by reason of said procedures, surgeries, administration of medications or performance of other services, and any consequences resulting directly or indirectly therefrom. I further certify that I have ordered, or have been authorized by the owner to order the services for the Pet(s). In any event, I accept full financial responsibility for the payment for services ordered and rendered. I also understand that all charges will be paid at the time of services and a deposit may be required. I understand that any animal not called for by closing time and the time that the hospital designates for its release shall be considered abandoned by me and shall be disposed of at the discretion of the hospital. My financial responsibility shall not in any way be altered by such disposal and my indebtedness shall include all charges made against such animal up to and including the date of, and charges for, disposal of same. Should it become necessary to collect this account through an attorney/agency, the undersigned agrees to pay all costs of collection, including but not limited to interest charges, court costs, reasonable attorney's fees, etc. I understand that should my Pet require hospitalization overnight, I have an option to pursue such care at an emergency facility, and should I elect to have my Pet at RBAH, no personnel is on site after business hours.

Signature of Responsible Party: _____

Method of Payment (please circle one): Cash / Check / Major Credit Card
(If paying by check or credit card, ID is required)

I grant RBAH, PLLC, the right to photograph me and/or my Pet, and to copyright, use and publish the same in print and/or electronically; and post with or without my name my Pet's photographs, story, and medical information on social media for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and web content. Please Circle **Accept / Decline**