



WAKE VETERINARY HOSPITAL
& URGENT CARE

NEW CLIENT REGISTRATION

Client Information (Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Primary Phone: _____ Home Number: _____

Work Phone: _____ Best Number to Reach You: Primary Home Work

How did you hear about us? Sign or Recommendation: _____ or Other: _____

Thank you for choosing Wake Veterinary Hospital & Urgent Care! Our primary mission is to provide compassionate care, affordable rates, and superior comprehensive veterinary care with a family approach. We diligently strive to ensure that the cost of quality veterinary care is as economical and manageable for our clients as possible by offering multiple payment options.

We offer multiple payment options in the form of: Cash, Check, Visa, Mastercard, Discover, American Express and Care Credit. *All returned checks will be charged an additional \$35.00*****

Any necessary treatments and/or hospitalized care will be provided an estimate and a REQUIRED deposit amount of the low end of said estimate is due prior to procedures.

*****Wake Veterinary Hospital & Urgent Care requires payment in FULL at the time of checkout.*****

By signing below, you acknowledge and fully understand the Wake Veterinary Hospital & Urgent Care Financial Policy and agree to the Wake Veterinary Hospital & Urgent Care terms of payment.

Signature _____

1st Pet Information

Name: _____ Species: _____ Breed: _____

Date of Birth: _____ If unknown, approximate age: _____ Color: _____

Male or Female / Spayed or Neutered

Is your pet up to date on vaccines? Yes No Is your pet currently on any medications? Yes No

If yes, names & dosage of medications: _____

Please list prior illnesses, surgeries, or allergies: _____

2nd Pet Information

Name: _____ Species: _____ Breed: _____

Date of Birth: _____ If unknown, approximate age: _____ Color: _____

Male or Female / Spayed or Neutered

Is your pet up to date on vaccines? Yes No Is your pet currently on any medications? Yes No

If yes, names & dosage of medications: _____

Please list prior illnesses, surgeries, or allergies: _____

Photo Consent

I hereby grant Wake Veterinary Hospital & Urgent Care permission to take photographs of my pet(s), and to publish those photographs for any lawful purpose, include but not limited to, their website, social media accounts, and promotional materials either digital or in print, in perpetuity. I understand that Wake Veterinary Hospital & Urgent Care will not use my name or my pet's name.

By signing this document, I authorize Wake Veterinary Hospital & Urgent Care to edit and share the photograph(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my pet(s) image(s) and name(s) for the personal or commercial purposes outlined above.

Signature _____