REGISTRATION FORM

Centralia Animal Hospital
4125 Celebration Avenue
Chester, Virginia 23831
Tel. 1-804-768-4212

Owner Name: Spouse:

Address

City: State: Zip:

Home: Cell: Work:

Employer:

Email: Referred By:

Pet Information:

Name: Species:

Breed: Color:

Date of Birth: Male or Female Spayed/Neutered: Y or N

I, being responsible for the animal(s) described above, assume responsibility for all charges resulting from care of this animal. I understand that these charges are due at the time services are provided and that a deposit may be required for surgical or hospitalization treatment. I also understand that if this contract or any debt owed to Centralia Animal Hospital is referred to an attorney for collection, I agree to pay all attorney fees in the amount thirty three and one-third (33 1/3%) of the total indebtedness, court costs, and a service charge of one and one-half percent (1 ½%) per month, eighteen percent (18%) per annum.

I also understand that the hospital staff is not here 24 hours a day. The hospital is staffed during the hours listed below:

Monday, Wednesday and Friday 7:30 am to 6:oo pm Tuesday and Thursday 7:30 am to 7:00 pm and Saturday 8:30 to 12:oo pm

We accept: Visa/MasterCard Debit Cash Care Credit Checks after 3rd Visit

After carefully reading the above, I have signed in agreement

Date:

(OWNER or responsible party)