

Central Veterinary Services

🐾 **Welcome** 🐾

Client Registration Form

*Please complete the form in full. If a line item is not applicable, please note it with an N/A.*

**Personal Information**

Business Name \_\_\_\_\_

Owner First Name \_\_\_\_\_ Owner Last Name \_\_\_\_\_

Spouse First Name \_\_\_\_\_ Spouse Last Name \_\_\_\_\_

I grant permission to the additional following individuals (relatives, friends, barn manager, etc.) to act as my agent if necessary where consent is required for emergency veterinary services for my animal when I cannot be reached after considerable effort or when I am away for a long period of time:

Name \_\_\_\_\_ Main Contact Number \_\_\_\_\_

Name \_\_\_\_\_ Main Contact Number \_\_\_\_\_

**Address Information**

Street Address 1 \_\_\_\_\_ Street Address 2 \_\_\_\_\_

City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Contact Information**

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Barn Phone \_\_\_\_\_ Spouse Work \_\_\_\_\_ Spouse Cell \_\_\_\_\_

Fax Number \_\_\_\_\_ Email \_\_\_\_\_ Spouse Email \_\_\_\_\_

Preferred Communication Method (please circle): Phone / Email / Other \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Other Information**

How did you learn about our clinic (please circle)?

Highway Sign / Social Media / Website / Community Event / Referral \_\_\_\_\_

**Payment Information**

*A mutual understanding and adherence of the financial protocol between the clinic and our clients is a vital part of a healthy professional relationship.*

*Please note that we are a paperless clinic and by default, all written communication including invoices will be sent to you through email. If another method is preferred, please inform one of our receptionists.*

*Payment for sales and services provided at our clinic can be in the form of cash, debit card and credit card (VISA, MasterCard and American Express). We do allow cheques if another form of payment is not convenient for you, however, any issue that arises with the validity of a cheque will result in this privilege being revoked.*

*Sales and services provided at client or stable premises can be placed on account. Payment as noted with the above payment methods is appreciated upon receipt of the invoice. Online banking is also accepted (add Central Veterinary Services as a Payee and have your account number, noted after your name on the invoice, ready). Due to security issues, we do not accept e-transfers at this time.*

*If you would prefer to leave a Credit Card on account for us to process upon invoice completion, please inform our receptionist either in person or by phone and provide the necessary information. Please mention if you would like a maximum dollar amount noted, whereby we would contact you prior to charging your card if an invoice exceeded this amount. Your Credit Card information will be stored in our password protected clinic software program on computers and a network with up to date security protection.*

*A payment plan alternative is available through the use of Health Smart Financial Services. Please speak with one of our receptionists or visit their website at [www.healthsmartfinancial.com](http://www.healthsmartfinancial.com) for more information.*

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*By completing and returning this form, I have indicated that I have read and understood the payment terms. I understand that account balances not paid within 30 days are subject to a 2% interest charge (24% per annum) and future sales and services may only be provided when that balance is paid in full. I understand that if my account balance is not paid within 90 days I am subject to collections and future sales and services may require upfront payment based on an estimate provided.*

*In accordance with the Privacy Act, I understand my rights for privacy and that personal information will not be released without my consent. I consent to authorize Central Veterinary Services Ltd. to disclose the necessary personal information required for the continued good health of my pet, in communicating with other Veterinarians, specialists and any other relevant third party.*

Signature of an Owner \_\_\_\_\_ Date \_\_\_\_\_

**For Internal Use Only:**

Form completion approved by \_\_\_\_\_ Date \_\_\_\_\_