



Client Registration Form

Last Name: _____ First Name: _____

Spouse/Significant other: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

How did you hear about us? (Choose one)

- Online
- Advertisement
- Our Website
- Drive By
- Referral (By whom?) _____
- Other _____

I hereby give Bensenville Animal Hospital permission to take photographs of me and/or my pet for the purpose of posting on Facebook, Clinic Website, and/or other social media outlets. I choose to release and discharge Bensenville Animal Hospital from any and all claims arising out of the use of the photos.

To the best of my knowledge, the information provided above and on the patient history form is accurate and complete. I certify that I am above the age of 18 and am the authorized agent/owner of said pets and can make medical decisions on their behalf. I authorize you to contact my referring veterinarian if clarification of medical history is needed or to acquire previous veterinary records, I understand that payment is due at the time services are rendered. I agree to pay all charges at the time my pet is discharged and I am responsible for any legal fees incurred in collecting any unpaid balances.