



Lillian Veterinary Hospital

Client Information/Registration

Please **PRINT** clearly and complete **ALL** information
ALL information provided is confidential

OWNER'S INFORMATION:

Title: Mr. Mrs. Ms. Dr.

Last Name: _____ First: _____ MI: _____

Co-Owner/Spouse's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell: _____ Work: _____

Employer: _____

SSN or Driver's License No: _____ DOB: _____

How did you learn about our practice? (If personal referral, please share their name)

I agree to pay all costs of collection, including reasonable attorney fees, and I further hereby waive all rights of exemption as to personal property under the Constitution and Laws of the State of Alabama. I hereby assume all responsibility for charges incurred for medical care requested by me or an authorized agent acting on behalf of my pet(s) now and in the future. I understand that all fees are payable at the time of the office visit, hospitalization, surgery, or release.

Signature: _____ Date: _____