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WELCOME!
REGISTRATION FORM FOR BEDFORD ANIMAL HOSPITAL, LLC

Name Last: _____ First: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Social Security #: _____ Spouse/Co-Owner's Name: _____

Email Address: _____

Emergency Contact: _____ Phone: (____) _____

PET INFORMATION

Name: _____ Breed: _____ Color: _____ DOB: _____ Gender: M F N S

Name: _____ Breed: _____ Color: _____ DOB: _____ Gender: M F N S

***Use the back of this form for any additional pets.*

RESPONSIBLE PARTY INFORMATION

I certify that I am the owner of this (these) animal(s) and/or I am an adult authorized to provide for the care. My signature indicates my understanding that I am responsible for paying for the veterinary services rendered for this (these) animal(s). I understand that payment is due at the time the services are rendered. **Balances begin to accrue a finance charge of 18% thirty days from the transaction date & continue accruing until payment is paid in full.** If my account becomes assigned to a collection agency, I agree to pay all collection agency fees, court costs, and attorney fees. I agree that this authorization shall be valid until rescinded in writing or replaced by an updated agreement. _____ (Initial)

Cash, Check (with approval), VISA, MasterCard, Discover, Care Credit, and American Express are accepted. _____ (Initial)

My signature below indicates that the information provided is accurate to the best of my knowledge and that I understand and accept the terms and conditions described above.

Owner/responsible Party Signature: _____

Date Signed: _____