

**Registration Form
Sunrise Veterinary Clinic, LLC**

Owner's name _____

Address _____

Home phone _____ Cell Phone _____

E-mail address _____

Driver's license number _____

Place of employment _____

Business address _____

Business phone _____ If necessary, may we call you at work? _____

Spouse/other's name _____

Spouse/other's place of employment _____

Spouse/other's business address _____

Spouse/other's business phone _____ Cell Phone _____

Spouse/other's E-mail address _____

How did you first hear of us? Yellow pages Clinic sign

Personal recommendation — whom may we thank? _____

Other: _____

Type of payment preferred:

Cash Check Credit card: _____

I assume responsibility for all charges incurred in the care of my pets. I also understand that these charges will be paid at the time of release, and that a deposit may be required. If services are not paid for in a timely manner, interest and penalty(ies) will be incurred.

Signature of owner or responsible party _____ Date _____

Specify other responsible parties: _____