

## Bellshire Family Vet - Owner Registration

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Spouse/Secondary Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you or any other pets registered with our hospital previously? **YES** **NO**

New Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birthdate: \_\_\_\_\_ OR Approx. Age: \_\_\_\_\_

Sex (circle one): **MALE** **FEMALE** Spayed/Neutered: **YES** **NO**

I give permission for adorable pictures of my pet to be posted to the clinic's Facebook/Instagram accounts.  YES  NO



We offer financing through Care Credit. It can be applied to all services, boarding, medications, and prescription diets. 6 month, no interest payments for amounts over \$200.

Apply at [CareCredit.com](https://www.CareCredit.com) for instant approval.



Payment plans are available through ScratchPay. No hard credit check. Funds must be used within 14-30 days.

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### Payment Policy (Please Read and Sign)

I understand payment is expected in full at the time services are rendered, and I assume full financial responsibility for all diagnostic and therapeutic procedures. I agree to make full payment for all services by one of the following methods: cash, check, Visa, Mastercard, AmEx, Discover, Care Credit, ScratchPay.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_