



Fur and Feathers Veterinary Care
Diane C. Wittner, DVM and Leslie A. Personett, DVM CVA
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www.furandfeathersvetcare.com
MyVetStoreOnline.pharmacy

Client Registration Form

| | | | |
|---|------------------------------|--------------------------|-------------------|
| Owner(s) Names | | | |
| Mailing Address | | | |
| Physical Address (if different) | | | |
| Preferred Phone # | Cell | Landline | |
| Secondary Phone # | Cell | Landline | |
| E-mail address | | | |
| Cell phone receives texts | Yes | No | |
| Owner Date of Birth | | | |
| Driver License # / State | | | |
| Employer | | | |
| Work Phone | | | |
| Other Authorized Agent(s) | | | |
| Emergency Contact | | | |
| Emergency Phone # | | | |
| How did you first hear of us? | Personal referral Website | Yellow pages Facebook | Sign Newspaper |
| How many pets do you own? | | | |
| Do you wish to receive reminders of services due? | Yes, please send | No, do NOT send | |
| Preferred mode of contact | Phone | Email | Postcard |

We accept cash, personal checks, all major credit cards, and Care Credit.

Methods of Intended Payment Cash Check Credit Card Care Credit

I hereby authorize the Veterinarians to examine, prescribe for, and/or treat any/all of my pet(s). I have the authority to execute this consent and am over the age of 18 years. I assume responsibility for all fees rendered in the care of this/these animal(s). I also understand that these charges will be paid in full at the time of release and that a deposit may be required for hospitalization/surgical treatment.

Signature of Owner/Authorized Agent: _____ Date: _____

For Office Use Only: Client ID: _____

Checks returned by the bank (NSF) will be subject to \$45.00 returned check fees.
 Balances not paid in full will be subject to 1.5% monthly interest and a monthly statement fee. Outstanding balances that go to collection will have additional fees added (33.3% minimum).