

Rolesville Veterinary Hospital

New Client Registration Form

Please complete this form as fully as possible. Thank you for trusting us as your pet's healthcare provider!

Date: ____/____/____

Last Name: _____ First Name: _____ Spouse/Co-Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Please check the primary contact number above.

Email Address: _____

Rolesville Veterinary Hospital offers you access to your pets medical information and services that are due through a pet portal. By providing your email address you are giving us permission to sign you up for this service. It is at no cost to you; you will receive notifications of appointments and healthcare reminders through this service.

How did you hear about us? Location _____ Internet _____ Friend/Colleague/Family _____
If you were referred by friend or family, may we have their name? _____

What is your reason for today's visit?

Financial Policy

Thank you for choosing Rolesville Veterinary Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options.

Rolesville Veterinary Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa®, MasterCard® or Discover Card®
- Convenient Monthly Payment Plans¹ from CareCredit® (Subject to credit approval)

Treatments or hospitalized care requires a deposit amount of 50% of the estimated cost of care. An estimate will be provided for you.

Additional Policy Information:

Rolesville Veterinary Hospital charges \$25 for returned checks. By signing below, you agree to the foregoing terms of payment:

Signature of owner or owners agent: _____ Date: _____