



PET
DENTAL
CENTER

Registration Form

Welcome and thank you for choosing Pet Dental Center for your pet's oral healthcare needs! Please take a moment to fill out the form below so that we may get to know you and your pet.

Owner's Name:

Cell Phone #:

Email:

Home Phone #:

Work Phone #:

Co-Owner's Name:

Cell Phone #:

Email:

Does the Co-Owner have the ability to make medical decisions for your pet? Yes / No

Does the Co-Owner share financial responsibility? Yes / No

Street Address:

City:

State:

Zip:

How did you hear about us?

Pet's Information

Pet's Name:

MALE / FEMALE

Neutered or Spayed: Yes / No

Is your pet a:

DOG / CAT

What Breed?

Birthday:

Color:

Family Veterinarian:

Clinic:

Veterinary Specialist:

Clinic:



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What is your primary concern when bringing your pet to Pet Dental Center today?

What are your home dental care regimens?

Is your pet currently taking any medications? If so, please include the medication name and dose:

I am the owner of the above pet or am acting as an agent for the owner. I authorize Pet Dental Center to send medical records to my general care veterinarian and/or a veterinarian I have been referred to. I understand that a deposit is required to schedule a procedure appointment and that I am only entitled a refund if the appointment is cancelled at least 48 hours prior to surgery. I assume full responsibility for all charges incurred in the care of this pet and that full payment will be due at the time the services are rendered or at release of the pet. I understand that a deposit equal to the low end of the estimate will be due prior to hospitalization or procedure and that follow up care may result in additional charges.

Methods of payment include: Cash, Visa, Master Card, American Express, Discover, **NO CHECKS**. CareCredit™ is a convenient, easy monthly payment plan. CareCredit™ allows you to begin treatment immediately and pay over time INTEREST FREE for six months. www.carecredit.com Ask our team for more information.

I grant to Pet Dental Center, its representatives and employees the right to take photographs of me, my pet(s) and my property. I authorize Pet Dental Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Pet Dental Center may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

*****If you DO NOT consent to photo release, please initial ___ and let a team member know so that we can assure your privacy.**

In order to provide the highest quality of care and safety for our clients, patients, and staff, Pet Dental Center's facility is monitored 24 hours a day by video cameras (including sound) in various locations. Information obtained is used strictly for security and quality control purposes only. Videotape with sound recording may be reviewed by management for quality control purposes. By signing below, you are consenting to this practice.

I have read and understand the preceding information.

Signature of Owner/Agent _____ **Date:** _____