

Dade City Animal Clinic
13117 US Hwy 301
Dade City, FL 33525
(352) 567-2669

CLIENT REGISTRATION

Owner First: _____ **Last:** _____ **MI:** _____

Address: _____ **City:** _____ **ST:** _____ **Zip:** _____

Email Address: _____

Daytime Phone: _____

PET REGISTRATION

Name: _____ **Sex:** _____ **Birthdate/Age:** _____ **Species:** _____

Breed: _____ **Colors:** _____

Microchip: _____

PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED OR PURCHASES MADE

PAYMENT OPTIONS INFORMATION:

Cash, Check, Credit Cards, Care Credit, or ScratchPay.

- **Driver's License must be presented at the time of payment if using a check.**
- **Personal Checks are run electronically.**
- **We understand financial constraints could be a concern. If this applies to any visit, please notify the staff of these concerns first, before your pet is examined.**

***** PAYMENT DUE AT TIME OF SERVICE *****

Signature: _____ **Date:** _____

Lifetime County Tag # _____