



501 East Main St. • Reisterstown, MD 21136

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WWW.ADVANCEDVETCOMPLEX.COM

Registration Form

Date: _____
Owner's Name: _____ Spouse/Other: _____
Home Address : _____ City: _____ State: _____ Zip: _____
Home Telephone: _____ Cell: _____ Work: _____
Email Address: _____
Employers Name & Address: _____
Spouse/Other Employee Name & Address: _____
In Case of EMERGENCY, please call: _____ at phone number _____
Drivers License Number (Required): _____

Pets Name: _____ Date of Birth: _____

Dog Male Neutered: Yes No
Cat Female Spayed: Yes No
 Sex Unknown

Breed: _____

Color: _____

Microchip/Tattoo Number: _____

Previous Veterinarian (*where past records could be obtained if needed*): _____

How did you hear about us? Yellow Pages Internet Friend _____ Other, explain: _____

Please Note Our Hospitals Financial Responsibilities

1. Payment in full at conclusion of visit/service. WE DO NOT BILL. Credit or payment plans must be obtained by owner through their bank or lending association. Advanced Veterinary Complex DOES NOT Extend Credit or Arrange Payment Terms. Deposits are required on all hospitalization, surgical procedures and emergencies. _____ (initial)
2. I understand that failure to pay bills promptly will result in full collection effort being taken and I will be responsible for all collection costs including, but not limited to: court costs, attorney fees, serving by private processor or sheriff, finance charges and bill fee of \$5.00 per month. _____ (initial)
3. I understand that there is a returned check fee of \$35.00. _____ (initial)

Advanced Veterinary Complex, Inc. offers premium veterinary care at reasonable prices. Our failure to enforce our financial policies would result in significant increase of veterinary care. We sincerely hope you understand these policies. We are enforcing these policies in order to keep YOUR veterinary medical expenses within reasonable limits.

Statement of Acceptance

I have read the above policies; I understand them completely and hereby give notice of my intention to fully adhere to their provisions.

Owner or Responsible Party (*must be 18 years of age*) _____ Date: _____