



501 East Main St. • Reisterstown, MD 21136

410.833.0500 • Fax: 410.833.1177

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: _____