

Please fill and complete form. Do not leave anything blank. If it doesn't not apply, mark N/A. Thank You.

**SOUTHSIDE VETERINARY CLINIC  
PATIENT REGISTRATION**

**James R. Luoma DVM**

Owner's Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_  
Driver's License  
Number \_\_\_\_\_

Employer's Name/Address \_\_\_\_\_  
Employer's Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
Last First

Spouse's Employer/Address \_\_\_\_\_  
Spouse's Employer's Phone \_\_\_\_\_

Number of Dogs \_\_\_\_\_; Cats \_\_\_\_\_; Other \_\_\_\_\_

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How did you first hear of us?  
Yellow Pages: TDI \_\_\_\_\_ TDI Pet Tips \_\_\_\_\_ Ameritech \_\_\_\_\_ Signs \_\_\_\_\_ Other \_\_\_\_\_  
Individual we may thank \_\_\_\_\_  
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**I assume responsibility for all charges incurred in the care of this animal. Services should be paid in full at the completion of the visit unless prior arrangements have been made. I understand that all charges are due within 30 days of invoice date. There will be a 1.5% finance charge (or minimum charge of \$1.00) applied monthly to all accounts more than 30 days overdue. There will be a \$35.00 charge for all non-sufficient funds (NSF) checks.**

Signed \_\_\_\_\_  
Date \_\_\_\_\_

**I have read all of the above and verify the information is current.**  
Initial \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_  
Initial \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_  
Initial \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_  
Initial \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_