



Yorktown Veterinary Associates (YVA) Client Registration Form

Your pet's health is important to us and we thank you for trusting us to care for them. To help us, please take a few moments to fill out this form. Thank you! The YVA Team

Client Name: Last _____ First _____

Telephone: Mobile _____ Home _____ Work _____

Spouse/Other Name: Last _____ First _____

Telephone: Mobile _____ Home _____ Work _____

Address: _____

City: _____ State: _____ Zip Code: _____

e-mail(s): _____

Preferred method of contact (circle)? Phone Call Text Email

Can we share pictures of your pet/s on our social media platforms (circle)? YES NO

Preferred Veterinarian (circle)?: Dr. Carril Dr. Thomas No Preference

How did you hear about YVA? _____

Patient Information

Pet #1

Pet #2

<i>Name</i>				
<i>Species (circle)</i>	<i>Canine</i>	<i>Feline</i>	<i>Canine</i>	<i>Feline</i>
<i>Breed</i>				
<i>Sex (circle)</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
<i>Spayed / Neutered (circle)?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Birthdate or Approximate Age</i>				

I hereby authorize Yorktown Veterinary Associates to provide surgical and/or medical care for my pet(s). I understand that payment is due in full at the time services are provided and that a deposit is required prior to initiation of treatment and/or surgical procedures. Unpaid invoices will accrue finance charges of 1.5% monthly (18% APR).

Signature: _____ **Date:** _____