



Welcome to Cornerstone Animal Hospital
 10569 Lem Turner Road, Jacksonville FL 32218
 Phone 904-766-3089 www.cornerstoneanimalhospital.com

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely.

CLIENT REGISTRATION

Owner's Full Name _____ Spouse Name _____
 Address _____ Zip _____
 Home Phone _____ Mobile Phone _____ Spouse Mobile _____
 Place of Employment _____ Position _____
 Work Address _____ Zip _____ Work Phone _____
 Spouse Place of Employment _____ Position _____
 Spouse Work Address _____ Zip _____ Work Phone _____
 Email Address _____ Birthdate _____ Spouse Birthdate _____
 How did you learn of our clinic? Phone Book Sign Internet Marquee Board Other _____
 Client Recommendation (who can we thank for recommending you?) _____

AUTHORIZATION

Method of Payment: Cash MasterCard Visa Discover Debit Check (eleccheck) CareCredit
 Other method of payment _____

I verify that this information is true and current, and I agree to advise Northside Animal Hospital, Inc. and/or Cornerstone Animal Hospital of any changes in this information I have given. Please present your driver's license to the receptionist for verification. Employee is required by law to visually verify driver's license number as advised by State Attorney and required by the amendments to Chapter 832, Florida Statutes. I grant to Northside Animal Hospital of Jacksonville, Inc., its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that Northside Animal Hospital of Jacksonville, Inc may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

**Please list any agents that you authorize to make decisions on your account for the care of your pet:
 (Please list spouse if applicable)**

_____	_____	_____	_____
Name	Relationship	Name	Relationship
_____	_____	_____	_____
Name	Relationship	Name	Relationship

I hereby authorize the veterinarian to examine, prescribe for, or treat the pet which I have presented (and future pets to be presented to the hospital). I assume responsibility for all charges incurred in the care of my animals. I also understand that these charges will be paid at the time of release and that a deposit may be required prior to treatment. Cornerstone Animal Hospital, Inc. is unable to extend credit.

_____ / _____

Signature of Owner/Responsible Party Date

Hospital Representative Signature

Date

