



# Welcome to Cornerstone Animal Hospital

10569 Lem Turner Road, Jacksonville FL 32218  
Phone 904-766-3089 [www.cornerstoneanimalhospital.com](http://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 (Telecheck)  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