



## My Pet's Vet *of Lehigh Acres*

61 Bell Blvd N. Unit 2  
Lehigh Acres, FL 33936  
mypetsvet.net

P: (239) 368-8387 F: (239) 368-5868 [clientcare@mypetsvet.net](mailto:clientcare@mypetsvet.net)

**\*\*\* ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE  
– ABSOLUTELY NO PAYMENT PLANS OR BILLING\*\*\***

### **CLIENT REGISTRATION FORM**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

CO-Owner/Authorized Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Secondary Phone Number : \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method of contact (circle one) : Phone call Text Email Other: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

If necessary, may we contact you at work? YES \_\_\_ NO \_\_\_ Work Number: \_\_\_\_\_

How did you hear about us ? (Facebook, Website, Instagram, Friend, Other): \_\_\_\_\_

NOTE: If you require an estimate before any services please make our veterinary technician/doctor aware.

By signing below, I understand all fees are due at the time of service and that a deposit may be required for certain procedures and hospitalization. Emergencies require a \$300 deposit at check in.

I authorize this practice to provide medical care for my pet. I assume all charges in this account.

Driver's License number \_\_\_\_\_ please present your driver's license for a copy to be made.

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_