

**LRVC GP Reg form**

**Have you ever brought any pets to Lowell Road Veterinary Center before?**

**Reason for Visit to Lowell Road Veterinary Center:**

**Owner's Name**

**Cell Phone**

**Address**

**Email**

**Preferred Method of Contact**

**Spouse/Partner Name**

**Spouse/Partner Phone**

**Name of all Authorized People to make medical decisions for your pets:**

**Pet's Name**

**Species**

**Breed**

## LRVC GP Reg form

Color

Sex

Spayed/Neutered?

Pet's Date of Birth

Previous Veterinarian(s)

Do you have Pet Insurance?

How did you hear about us?

Do we have permission to use photos of your pet(s) on social media, our website or in other marketing?

### Consent

I agree to the below financial policy

Payment is due at time of service. Forms of payment accepted include cash, all major credit cards, Care Credit, and Scratchpay. Checks are not accepted.

### Consent

I agree to the below policy

I, the undersigned, certify that I am 18 years of age or older and I am the legal owner (or authorized agent of the owner) of the patient listed above. I agree to assume financial responsibility for all charges incurred and agree to pay such charges at the time of services rendered. I also understand that personal checks are not accepted. I am responsible for all interest and collection fees on any unpaid balance, as well as reasonable attorney fees and court costs associated with collection of unpaid balances. I acknowledge that the above information is true and accurate to the best of my knowledge.

Lowell Road Veterinary Center (LRVC) is an ABUSE-FREE WORKPLACE. By initialing here, I understand that LRVC has a ZERO TOLERANCE policy for profanity and verbal abuse. I further understand that any profane, abusive, or hostile behavior or language directed at any member of the LRVC team will result in immediate removal from the hospital, and I will no longer be allowed to bring any of my pets to LRVC in the future, for any reason.