

Broadway Veterinary Hospital
205 Broadway Street
Durham, NC 27701
(919) 973-0292



NEW CLIENT REGISTRATION

Today's Date: _____

Name: _____ Referred by: _____
Last First Middle

Address: _____
Street number and name City State Zip Code

Occupation: _____ Employer: _____
Name

E-mail: _____

Telephone:
(please include area code AND circle the best number to reach you)

Home:(____)_____ Work:(____)_____ Cell:(____)_____

Alternate Contact: _____
Name Primary Phone

Spouse Partner Co-owner Friend Parent Son/Daughter

Address: _____
Street number and name (if different than above) City State Zip Code

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

- In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Broadway Veterinary Hospital, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.
- It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained.
- Further, I understand that a deposit of 50% is required before services are performed and I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.
- Broadway Veterinary Hospital may take pictures of my pet for his/her medical record and possible posting on social media.

I will allow this _____ (initial) I will not allow this _____ (initial)

Signature: _____

Date: _____