



Veterinary Holistic Care

CLIENT REGISTRATION FORM

Client Name (Your Name) _____

Spouse/Partner's Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____
(Mark Preferred Contact Number)

Email _____

Work Phone _____ Spouse Work Phone _____

How did you hear about us?

- Referred by my regular veterinarian: _____
- Referred by a veterinary specialist: _____
- Referred by a friend: _____
- Seminar/Holistic Organization: _____
- Facebook or VHC Website
- Media promotion or advertisement
- I am a previous client of Dr. Kocen or Dr. Khoury
- Other: _____

The following information is required for all clients that have items mailed or have phone consultations:

- I authorize my credit card to be charged automatically when items are mailed.
OR I will pay all outstanding balances by check within 21 days of receipt.

Please note: If your account has an outstanding balance for 21 days, we will automatically settle your balance using the credit card number listed above.

Visa MasterCard Discover Amex

Card No.: _____ Expires: _____

Cardholder Name: _____

Billing Address same as above? YES NO: _____

Signature: _____