

Fort Mill Animal Clinic
240 Main Street
Fort Mill, SC 29715
(803) 547-2014

Dr. John M. Lesslie, Jr. DVM

Client Registration

Pet Owner's Name: _____ SS #: _____

Home Address: _____

Home Phone #: _____ Work Phone #: _____

Place of Employment: _____

Name of Spouse: _____

Place of Employment for Spouse: _____

Work Phone # for Spouse: _____

Whom may we thank for referring you to us? _____

Pet Information

<u>Name of Pet</u>	<u>Dog or Cat</u>	<u>Type of Breed</u>	<u>Birthdate</u>	<u>Sex</u>	<u>Altered?</u>	<u>Color</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

We appreciate you selecting us to care for your pets. Please let us know if you have any questions.
Please select your method of payment below. **Payment is expected at the time of services rendered.**
We do not bill.

Cash _____ Check _____ Visa _____ Mastercard _____ Held Check _____