



WALNUT GROVE
ANIMAL CLINIC

2959 Walnut Grove Road
Memphis TN 38111
www.mymemphisvet.com

New Client Registration

Thank you for choosing Walnut Grove Animal Clinic.
We take pride in providing quality service and medical care for our pet.

(Please Print)

Owner's Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Phone #1: _____ Home Phone: _____

Work Phone: _____ Preferred Phone: _____

Email Address: _____

Emergency Contact: _____ Phone #: _____

How did you hear about our clinic? () Friend () Family () Internet () Facebook
If you would like to be more specific please do so: _____

Veterinarians are required by Tennessee State Law to obtain your written permission in order to release any information about your pet's medical record.
I authorize Walnut Grove Animal Clinic to release medical records about my pets that are patients at Walnut Grove Animal Clinic as needed.

Print: _____ Sign: _____

Professional fees are to be paid at the time services are performed. We accept the following methods of payment. Please indicate your preferred method.

Cash ____ Checks (local) ____ Charge/Debit cards ____ (Master Card; Visa; Amex; Disc)

We provide interest free monthly payment plans only through Care Credit. Ask our receptionist about submitting an application while you are here.

I certify that the information on this form is true and correct, and that I agree to the details including the payment terms listed above together with all attorney's fees and cost of collection should such action be necessary.

Sign: _____ Date: _____