Cumberland Animal Clinic 216 Greely Rd. Cumberland, Maine 04021

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Annual Client Registration Form

Client ID: Client Name:	
Address:	
Telephone Numbers(s): Email Address:	
Other individuals authorized to make decisions on my behalf:	
I authorize photos of my pet(s) to be included on the Cumberland Animal Clinic's website, Facebook page and/or informational materials.	
I hereby authorize the veterinarians to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of this (these) animal(s). I also understand that charges will be paid at the time services are rendered and that a deposit may be required for surgical treatment.	
SIGNED:	DATE:
If you are new to our practice, how did you hear about us?	