

Rikia Park D.V.M 2220 Sun Ranch Village Loop Los Lunas, New Mexico 87031 (505) 866-0100

REGISTRATION FORM

Owner name:				
Home number: ()			cell number: ()
)
email address:				
Co-Owner name:				
Home number: ()			cell number: ()
Employer:			work number: ()
email address:				
			IE TIME OF SEI	
	Cash	Visa	Mastercar	d
Care C	redit (only ac	cepted for	medical service	es over \$100)
If for any reason this a	account must	be placed i	into the hands	of an attorney for collection,
	I agree to p	ay ALL rea	sonable legal f	ees.
Sign:		_ Print:		Date:
		OFFICE US	E ONLY	
Registration Number:	Date Ente	red:	Employee: _	Filed:



ATTENTION CLIENTS:

Sign up for text messages from Sun Ranch Pet Hospital To opt in, text JOIN to 36218.

By texting JOIN to 36218, you agree that you are providing Sun Ranch Pet Hospital with express written consent to send you text messages at the phone number you provided above to remind you about appointments you have and appointments you are due to make, and approximately 4 promotional texts per month from Sun Ranch Pet Hospital using automated technology. If you wish to opt out, text STOP to 36218. Text HELP to 36218 if you would like more information. Message and data rates may apply. Consent to receive texts is not required to purchase our services and products. Your participation is subject to the terms and conditions and Text Message Privacy Policy at

https://rapport.appointmaster.com/rapportterms.htm.

The pet portal for you to sign in and adjust your preferences:

https://olsr4.covetrus.com/#?AID=NI2beh321JQhAEL14QHBF3RRPHQtOEh5uW2hAC34TaH89S97D&cl=1



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