

Client Information

Name _____
Address _____ Apt# _____
City _____ State _____ Zip Code _____
Home Phone (_____) _____ Cell Phone (_____) _____
Email _____
Spouse/Significant Other _____ Cell Phone (_____) _____

In the case of an emergency, the best phone number to reach me at is:
____ Home ____ Cell

Patient Information

Please list all pets. Additional pets can be listed on the back of this page.

Pet's Name _____ Dog / Cat /Other _____
Estimated Age or DOB _____ Breed _____
Male Female Neutered/Spayed? Yes No Color _____

Pet's Name _____ Dog / Cat /Other _____
Estimated Age or DOB _____ Breed _____
Male Female Neutered/Spayed? Yes No Color _____

Pet's Name _____ Dog / Cat /Other _____
Estimated Age or DOB _____ Breed _____
Male Female Neutered/Spayed? Yes No Color _____

My pet's previous veterinarian: _____

ALL PAYMENTS ARE DUE AT THE TIME OF SERVICES RENDERED.

We accept cash, checks, all major credit cards, and CareCredit, which can be approved in as little as ten minutes. If payment is not received within 90 days, we will turn the information over to a collections agency and you will be responsible for paying remaining balance, including interest and billing fees, a 40% collection fee, and any associated court costs. In the event that you are sent to collections, we will no longer be able to perform any services for any of your pets. We will not release medical records to other hospitals until full payment is received. Our time together is important. Unless there is an emergency, we request that you give us a 24 hour notice of a cancellation or appointment time change. If you miss three appointments, without advanced notice, you will be required to pre pay for your pets' examination before your next appointment.

I have read and understand the above statements and agree to all terms herein.

Signature _____ Date _____

Where did you hear about us? (Circle all that apply) Internet Referral Drive-By Flyer Other