

Welcome

Please take a few minutes to fill out this form as completely as you can. If you have any questions we will be glad to help you. We look forward to caring for you and your pet!

Owner Information

Mrs Mr Ms Dr Other _____

First Name _____ Last Name _____ Co-owner _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell # _____ Work # _____ E-mail: _____

How did you hear about us?

Yellow Pages/Phone Book Website Hospital sign Other _____

Personal recommendation Whom can we thank? _____

Who is authorized to drop off or pick up pet? _____

Method of payment:

All fees are due in full at the time service is rendered. We will gladly provide a written estimate of service fees if desired. We accept Cash, Visa, MasterCard, Discover, American Express and CareCredit. Please note that **WE DO NOT ACCEPT PERSONAL CHECKS**. How will you be paying today?

Cash Visa/MasterCard/Discover Care Credit

I understand that I am responsible to pay for services rendered including attorney's fees and collection fees in the event of default. I further understand that if payment becomes 30 days past due, the account is subject to monthly charges of 1.5% interest and a \$3.00 billing fee.

Signature _____ Date _____

How much information do you prefer to be given about your pet's health?

- I want a full explanation – tell me anything and everything!
- I want a brief explanation – just tell me the important stuff!
- I just want to know if there's anything I need to do – keep it simple!

Pet Information

Pet's Name _____ Age/Birthdate _____

Dog Cat Male Female Neutered/Spayed At what age? _____

Breed _____ Color _____

Where did you obtain this pet? _____

What do you feed your pet, how much and how often? _____

Previous Veterinarian (if applicable) _____

May we use your pet's picture on our website/Facebook page? Yes No