

Welcome

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 _____ Primary Phone _____

Secondary # _____ 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? _____

Who is authorized to make decisions about this pet's care? _____

Method of payment (MUST BE COMPLETED PLEASE):

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/AmEx CareCredit

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 _____

No-Show Policy: Clients who fail to show, or who cancel or reschedule an appointment without 24 hours' notice will be charged no show fee. No-show charges range from \$25-\$100 dependent on the type of appointment scheduled.

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, how much and how often? _____

Previous Veterinarian (if applicable) _____

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