



Thank you for giving us the opportunity to care for your pet! To insure the best possible care, please take the time to fill in the following information for us.

Owner's name \_\_\_\_\_

Mailing address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Physical street address, if different \_\_\_\_\_

Your primary phone \_\_\_\_\_  Home  Cell

Your secondary phone \_\_\_\_\_  Home  Cell

Email address (*we send reminders by email*): \_\_\_\_\_

Place of employment \_\_\_\_\_ Phone \_\_\_\_\_

Employer's address \_\_\_\_\_

Spouse or Co-owner's name \_\_\_\_\_

Spouse or Co-owner's phone \_\_\_\_\_  Home  Cell

Emergency contact name \_\_\_\_\_

Emergency contact phone \_\_\_\_\_  Home  Cell

How did you hear about us?  Sign  Website  Other \_\_\_\_\_

Recommendation (From whom? We'd like to thank them! \_\_\_\_\_)

Advertisement (Where? \_\_\_\_\_)

Patient Information	Pet #1	Pet #2	Pet #3
Name			
Species			
Date of birth			
Breed			
Color			
Gender & whether spayed/neutered			

Previous Vet \_\_\_\_\_ Phone \_\_\_\_\_

**I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I understand that no guarantee or assurance can be made as to the results that may be obtained. It is thoroughly understood that I assume all risks involved with any treatments, surgeries, or procedures. I assume responsibility for all charges incurred in the care of this/these animal(s).**

Signature of owner \_\_\_\_\_ Date \_\_\_\_\_

**(PLEASE SEE OTHER SIDE)**

**Office Policies**

**Appointments must be cancelled or rescheduled at least 24 hours before the scheduled time.**

- There is a \$25/pet fee if you do not show up for an appointment.
- There is a \$25/pet fee for a cancellation less than 24 hours before your appointment.
- Any no-show/cancellation charges assessed to your account must be paid prior to any subsequent visits.
- If you repeatedly miss appointments, we may require a deposit before scheduling a new appointment.

X \_\_\_\_\_ (please initial)

**Full payment is due at the time services are rendered.**

- If treatment will require hospitalization, a deposit will be required.
- If for some reason full payment is not made at the time services are provided, there is a \$5/1.5% monthly service charge.
- If the account is not paid after 3 months, it will be sent to a collection agency and charged an additional \$30 fee.

X \_\_\_\_\_ (please initial)

**Payment methods:**

- We accept cash, debit/credit cards, and Care Credit.
- Checks are not accepted until the client is well-established.
- There is a \$30 charge for all returned checks

X \_\_\_\_\_ (please initial)

**I have read and understand the above policies. I realize that full payment must be made at the time services are provided.**

Signature of owner \_\_\_\_\_ Date \_\_\_\_\_

Driver's license # \_\_\_\_\_ Date of birth \_\_\_\_\_

I do do not give my permission for photographs of my pet(s) to be posted on social media.