

WELCOME TO SPECIAL FRIENDS VETERINARY CLINIC

*Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following information.*

Today's Date _____

CLIENT INFORMATION

Name		Main Phone	
		Cell Phone	
		Work Phone	
Spouse/ Co-Owner		Spouse's Cell	
		Spouse's Work	

Home Address

Street	Apt/Bldg/Lot #	City	State	Zip Code	

Mailing Address
(if different)

POB	City	State	Zip Code		

Place of Employment

Name	Address	City	State	Zip Code	

E-Mail Address

*Help us go green! We would like to be able to send you e-mail reminders for your pets.
Special Friends Veterinary Clinic will not sell your e-mail address to outside companies.*

HOW DID YOU BECOME AWARE OF OUR CLINIC?

- | | |
|---|---|
| <input type="checkbox"/> Drove by clinic
<input type="checkbox"/> Yellow Pages
<input type="checkbox"/> Yellow Pages/Dex Online
<input type="checkbox"/> New Neighbor Letter | <input type="checkbox"/> Our Website
<input type="checkbox"/> Veterinarians.com
<input type="checkbox"/> Referral (Whom may we thank?)
_____ |
|---|---|

ANIMAL INFORMATION

Name	Dog	Cat	Other	Breed	Color	Birth Date or Age	Sex	Neutered/Spayed	
								_ Yes	_ No

When were your pet(s) vaccinated last? (new clients only) _____

Please hand any paperwork you have on your pet(s) to the receptionist so we may record it in the medical record. This can include shelter pamphlets, breeder documents or records from another clinic among other things. Thank you!

Please read and sign our financial policy on the back of this form

FINANCIAL POLICY

Thank you for choosing Special Friends Veterinary Clinic. Our mission is to provide the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. **Special Friends Veterinary Clinic requires payment in full at the end of your pet's examination and/or the time of discharge.** [redacted] Initials

Payment Options:

You can choose from:

- Cash, Check, Debit, Visa, MasterCard or Discover.
 - o Please note, **AMERICAN EXPRESS is the only credit card we do not accept.**
 - o Please note Special Friends Veterinary Clinic charges \$35 for returned checks
 - o **We are unable to take payment over the phone**
- Convenient Monthly Payment Plans from Citi Health Card or CareCredit
 - o Allow you to begin treatment today and pay over time (6-month no interest or regular revolving plans available)
 - o Available for any treatment amount – pending credit approval
 - o Can be used repeatedly – for your entire family – without having to reapply
 - o Ask one of our employees for an application if you would like to apply

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care of \$300 or more, will require a 50% deposit to begin your pet's treatment.

For clients with pet insurance, we are happy to complete the necessary information on the claim form you provide us so you can submit it to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment.

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Driver's License #

State

Exp. Date