



WELCOME

Name(Last) _____ (First) _____ Spouse _____

Address: _____ City _____ State _____ Zip _____

Community (If Applicable): _____ Email _____

Phone Number(s): H _____ C _____ Other _____

Are you a seasonal resident? Y N Would you like to provide an alternate address and veterinary information?

Address 2 _____ City _____ State _____ Zip _____

Veterinary Hospital _____ City _____ State _____

Pets: 1. Name _____ Age _____ Breed _____
Spayed / Neutered? Y N Microchipped? Y N

2. Name _____ Age _____ Breed _____
Spayed / Neutered? Y N Microchipped? Y N

3. Name _____ Age _____ Breed _____
Spayed / Neutered? Y N Microchipped? Y N

Do you currently have Pet Insurance? Y N Which provider? _____ If not would you like information? Y N

How did you hear about us? Google Facebook Yahoo Yelp Referral Drive-By Other _____

If you were referred, who referred you? _____

FINANCIAL POLICY

You are responsible for payment of all services rendered at the time such services are performed. Any payment concerns, or requests for estimates, are to be addressed to the receptionist prior to the examination. Estimates will be provided for any services upon request. Finance charges will be applied to any late payments.

LATE / CANCELLATION POLICY:

If you need to cancel an appointment, please notify our office within 24 hours. Two missed appointments will result in a \$45.00 fee per pet per occurrence.

INITIALS _____

Policy Concerning Unpaid Bills/Abandoned Pets

If you do not retrieve your pet within ten days of its release date, your pet will be considered abandoned. You will be billed for treatments and boarding incurred up to the date you pick up your pet. Attorney fees and court costs, plus collection fees will be turned over to a national collection agency and reported to the appropriate credit bureaus to be placed against your credit report.

I have read and understand the above policies and request treatment of my pet in accordance with these policies. I assume financial responsibility for all charges incurred to the patient and agree to pay all costs of collection, reasonable attorney fees, and court costs in the event of non-payment.

INITIALS _____

SIGNATURE: _____

DATE: _____

Thank you for allowing us to care for your pet!

