



Welcome

Client Information 2009

Sorry we are not able to do any billing. Full payment is due at time of services rendered. Thank you.

Your Name _____

Spouse Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Senior citizen 65 years or over Yes _____ No _____

E-Mail Address _____

We periodically send out newsletters and other pet information if you would not like this information sent to you please check here

Pet Insurance? _____ **Care Credit?** _____

Employer _____ Business Phone _____

Business Address _____ City _____ ST. _____ Zip _____

Drivers Lic. # _____ Exp Date _____

Type of payment: Cash _____ Credit Card _____ Check _____

How did you hear about us? Yellow pages _____ Drive by _____ Internet _____ Referral _____ Welcome Wagon _____

Whom may we thank for referring you? Client _____ Other _____

In case of an emergency, who should we contact? _____ Phone _____

Pet Information

No.1 Pet's Name _____ Breed _____ Color _____ Sex _____ S or N DOB _____

No.2 Pet's Name _____ Breed _____ Color _____ Sex _____ S or N DOB _____

No.3 Pet's Name _____ Breed _____ Color _____ Sex _____ S or N DOB _____

Payments

We will gladly prepare a written estimate if you desire (please ask our technician, receptionist or doctor.)

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We accept all major credit cards. There will be a \$25 service charge for any check returned unpaid. To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and that the above information is correct.

I understand the above terms and contract and agree to pay in full. I, the undersigned, understand that if this account is not paid in full, it will be turned over to the collection agency or legal system, all fees including court, attorney, and collection fees will be applied to the collection of the above

Signature of Client Responsible for Pet (s) _____ **Date** _____