



Welcome

Client Information 2011

Full payment is due at time services are rendered. Please inquire about Care Credit and/or Citi Health for alternate payment options. Thank You.

Your Name _____

Spouse Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

E-Mail Address _____

Please provide us with your email address so we can keep you up-to-date on client pet reminders, clinic updates and other special events!

Pet Insurance? _____ Care Credit? _____ Senior citizen 65 years or older Yes No

Employer _____ Business Phone _____

Business Address _____ City _____ State _____ Zip _____

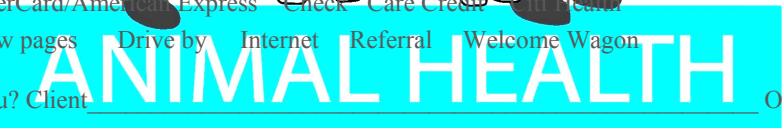
Drivers Lic. # _____ Exp Date _____

Type of payment: Cash Visa/MasterCard/American Express Check Care Credit Citi Health

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 please provide an alternate contact name _____ Phone _____



CLINIC

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 _____

Please let us know if you would like vaccine certificates to be provided to any boarding facilities. Yes No If yes, which one(s)?

Payments

**** We will gladly provide you with a written estimate upon request****

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 acknowledges that the above information is correct.

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

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

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