

Client Information



Owner's Name: _____ Date: _____

Financially Responsible Party: _____

E-Mail Address _____ Spouse's Name _____

Home Phone: (____) _____ Work Phone: (____) _____

Address: _____ Zip: _____

Business Name & Address: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____ I, the undersigned owner, agent of the owner, or Good Samaritan responsible for seeking veterinary care for my pets understand that an estimate of the costs for veterinary services will be provided to me if I so request and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment. I agree to assume financial responsibility for veterinary fees and will provide payment via cash, credit card or check at the time of services or will make payment arrangements prior to leaving the hospital with the coordinator. I agree to pay a monthly billing and financing fee equal to 1.5% of the unpaid balance. There is a \$20.00 fee on all returned checks. I understand that should my balance not be paid within 90 days my account will be turned over to a collection agency and I am responsible for all processing fees incurred during the collection of the unpaid balance. Unless otherwise noted the financially responsible party is the owner as listed above. It will also be assumed that the owner listed above will take financial responsibility once a contract with a rescue group or breeder expires. The expiration date of the contract with said breeder/rescue group is between the group and said owner. Any questions concerning who should be billed is to be handled by me, the owner and the group in question

Signature _____ *Please provide a copy of your photo identification*

Who can we thank for recommending us? <input type="checkbox"/> Another Veterinarian Do you need medical records for the referring veterinarian Yes No <input type="checkbox"/> Client (past /present) _____ <input type="checkbox"/> Breeder: _____ <input type="checkbox"/> Rescue Group: _____ <input type="checkbox"/> Other: _____		<input type="checkbox"/> Petco <input type="checkbox"/> Location <input type="checkbox"/> Employee <input type="checkbox"/> Quality of an AAHA Member Hospital	Advertisement: <input type="checkbox"/> Television <input type="checkbox"/> ATT Yellowpages <input type="checkbox"/> Yellowbook <input type="checkbox"/> Megabook <input type="checkbox"/> Verizon <input type="checkbox"/> Webstervets.com <input type="checkbox"/> Other: _____	<u>For Office Use Only</u> _____ _____ Day _____ Time _____ am/pm
--	--	---	--	---

Pet Information 1. Name _____ Species: Dog Cat Other _____ Breed _____ DOB/Approx Age _____ Color/Markings _____ Microchip/Tattoo ID _____	Pet Information 2. Name _____ Species: Dog Cat Other _____ Breed _____ DOB/Approx Age _____ Color/Markings _____ Microchip/Tattoo ID _____
Pet Information 3. Name _____ Species: Dog Cat Other _____ Breed _____ DOB/Approx Age _____ Color/Markings _____ Microchip/Tattoo ID _____	Pet Information 4. Name _____ Species: Dog Cat Other _____ Breed _____ DOB/Approx Age _____ Color/Markings _____ Microchip/Tattoo ID _____