



Thank you for giving us the opportunity to care for your pet(s). To better understand your pet's background and so we can communicate with you to the best of our ability, please fill out this form as completely as possible.

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Employer's Name and Work Number: _____

Email Address: _____ Spouse/Other's Work _____

Cell Phone: _____ Spouse/Other Contact Cell Number: _____

Where is it best to reach you, regarding your pet, and at what time(s): _____

How did you first hear about our facility?

- Yellow Pages Hospital Sign Pet Store/Humane Society Event/Seminar: _____ Radio Ad
 TV Spot Email Website Other Internet Listing: _____ Coupon Gift Certificate
 Referral from another hospital: _____ Individual whom we may thank: _____

FINANCIAL AGREEMENT AND AUTHORIZATION FOR TREATMENT:

All professional fees are due at the time services are rendered. We will gladly prepare a written estimate before services are performed at your request. Please ask the receptionist or doctor.

If you pay by credit card (we accept Visa, MasterCard, Discover, American Express and CareCredit) or check, please provide the following information:

Driver's License or Social Security Number: _____ State: _____

Date of Birth: ____ - ____ - ____ (for personal checks only)

I authorize the treatment of my pets and agree to pay all fees and charges for such treatment. I agree to pay all charges promptly upon presentation thereof, unless credit arrangements are agreed upon in writing. I agree to pay a finance charge of 1.80% per month on any balance not paid within thirty days of billing. Further, in the event legal action shall become necessary to collect an unpaid balance due for medical services rendered, I agree to pay reasonable attorney's fees and other such costs as the Court determines proper.

I have read this agreement and understand this agreement. I am entitled to a copy of this agreement at the time that I execute said agreement and I hereby acknowledge receipt of a copy of this form.

Date Signature

I give my permission to Animal Medical Center to release vaccination information to other veterinarians, city or county officials, kennels, and groomers.

Date Signature