

Patient/Client Information

Thank you for giving us the opportunity to care for your animal. Please help us better meet your needs by taking a few moments to fill out this information sheet. After reading this form in its entirety, please sign below stating you understand and agree.

Owner's Name: _____ Spouse/Other: _____

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

Home Phone #: _____ Work Phone #: _____ Cell Phone#: _____

EMAIL _____ Employer's Name: _____

At What Time _____ And At What Phone # _____ Is It Best to Call About Your Pet?

In Case of EMERGENCY, Call _____ At Phone # _____

OUR POLICY OF CARE AND PAYMENT:

Payment is due at the time service. We accept **cash, check, MasterCard, Visa, American Express, and debit cards.** We also have a payment plan called **CareCredit**, that allows you to start treatment today and pay out the charges over a specific time period. Please choose method below:

Preferred Method of Payment: () Check () Credit Card: VISA __ MASTERCARD __ AMEX __

Credit Card Number _____ EXP _____
() CareCredit

If paying by check, please fill out the requested information below:

Bank Name: _____ Driver's License #: _____

Social Security #: _____

Name of Previous/Current Veterinarian: _____

How did you here of us?

() Telephone Book () Newspaper () Friend _____ () Other _____
Name of friend

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the animal(s) listed. Furthermore, I agree to pay fees for services rendered at the time the animal is discharged from the hospital or the service is otherwise terminated. I understand an account overdue beyond 30 days will be assessed a monthly finance charge of 0.015% or \$1.00, whichever is greater. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$30.00 will be assessed for each non-sufficient funds check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

Owner Signature _____ Date _____

Ranch Signature _____ Date _____

Patient Information:

Name _____ Breed _____ Sex _____

Age _____ D.O.B. _____ Barn Name (if applicable) _____

Color/Markings _____