

ADVANCING THE STANDARDS OF VETERINARY CARE

Client/Patient Registration: ID # _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Ext. _____

Alternate Phone: (_____) _____ Email Address : _____

Spouse/Co-owner Name: _____ Work Phone: (_____) _____

Address (if different than above): _____ Alternate Phone: (_____) _____

Pet Information

Pet's Name: _____ Breed: _____ Color: _____

Species (please circle one): Dog Cat Other:

Date of Birth: _____ / _____ / _____ Sex (circle one): Male Female Neutered Male Spayed Female

Primary Veterinarian

Primary Veterinarian: _____ Veterinary Hospital: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____ Email: _____

Financial Policy

Payment for all services is required as services are rendered and any remaining balance must be paid when services are completed. We accept Mastercard, Visa, Discover card and cash.

All day services and hospitalizations require a full deposit of the written, estimated cost. Estimates are based on your pet's status and may change if medically appropriate. Should additional services or changes require an additional estimate you will be informed and we will collect the deposit on the new estimate with your agreement to treat. Unpaid hospitalized patient balances may not exceed \$200 during the patient's care.

Any refunds will be processed to the original method of payment, however we do not issue cash refunds. Refunds for services paid in cash will be processed by check and mailed within 5-10 business days.

I am the legal owner or the representative of the legal owner of the animal being presented. I am over the age of 18 years.

Signature _____ Date _____