

Additional Pet Information For New Client Form

Client Name: _____

Client ID: _____

Name:	Sex	Age/DOB	Dog/Cat	Breed	Color

Payment Policy

We will gladly prepare a written estimate if you desire (please ask our Doctor). This will be important to you **since all professional fees are due at the time services are rendered.** In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa, Discover, American Express and Care Credit. There will be a \$20.00 service charge for any check returned unpaid. There will be a \$30.00 collection fee for any account turned over for collection.

To prevent the spread of infectious diseases, all hospitalized and special observation patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Best contact number during this visit:	
<input type="checkbox"/> Mr. Cell	<input type="checkbox"/> Ms. Cell
<input type="checkbox"/> Mr. Work	<input type="checkbox"/> Ms. Work
<input type="checkbox"/> Home	Other: _____

Signature of Responsible Party (must be at least 18 years of age)

Date