



# MERIDIAN ANIMAL HOSPITAL

## CLIENT INFORMATION/TREATMENT AUTHORIZATION

Please review and make any changes to your information

### Client Information

Owner Name:		
Additional Owner(s):		
Address:		
City:	State:	ZIP:
Home Phone:	Cell Phone:	
Work Phone:	Email:	

### Pet Information

Name:			
Male	Female	Neutered/Spayed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Age/DOB:
Canine / Feline / Other	Breed:	Color:	

Please provide referral information. We would like to thank anyone who referred you to us (Mark with an X):

Name of person or business who referred you to us: \_\_\_\_\_  
 Yellow pages                       Regular Vet Not Available                       Internet/Website  
 Drive-By                               Newspaper/Flyer                               Other  
 Denver DFL/Humane Society

If it becomes necessary during your pet's visit, do you want us to administer CPR? Yes  No

### 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 <b>this</b> 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