

Welcome

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank You.

Today's Date _____

1. Owner Information

Owner Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Home or Cell (circle one)

Alternate Phone _____ Home or Cell (circle one)

E-mail Address _____

2. Pet Information

What pets reside in your household?

Name _____ Species _____ Approx. Age _____

Name _____ Species _____ Approx. Age _____

Name _____ Species _____ Approx. Age _____

**Use reverse to list any others.*

What food do you feed your pet(s)? _____

3. Payment Information

Do you have pet health insurance? Yes No

How did you hear about us? Google/Internet Website Facebook
 Hospital Sign Previously a Client
 Other _____

Friend/Relative: Whom may we thank? _____

Preferred Payment Method Cash Check Credit Card Care Credit

Checks will only be accepted from established clients, with proper identification.

Driver's License No.* _____ **Required for check writing privileges*

Payment is expected in full when services are rendered. Accepted methods of payments are cash, checks, MasterCard, Visa, Discover, American Express, and Care Credit. Payment Plans are not available. There will be a \$35 fee for any returned checks and a 1.5% finance charge per month (10% APR) on all outstanding balances. Should your account be placed for outside collections, you will be charged reasonable collection costs which may include, but are not limited to, collection agency fees, court costs, attorney fees, etc. Missed appointments without prior notification may be subject to a \$42 missed appointment fee.

By signing below, I also grant The Family Pet Clinic permission to use my pet's picture and name on social media

Initial to Decline _____

Signature of Pet Owner

Date