

WELCOME TO OUR PRACTICE

Thank you for giving us the opportunity to care for your pet. Please help us meet our needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. **PLEASE PRINT IN ALL SPACES.**

CLIENT'S NAME _____ SPOUSE/OTHER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ D.L. # _____

EMPLOYER _____ WORK PHONE _____

EMAIL ADDRESS _____ CELL PHONE _____

SPOUSE/OTHER EMPLOYER _____ WORK PHONE _____

At what time (_____) and at what phone number (_____) can we call to talk to you about your pet?

Who would we ask for? _____ Alternate Emergency Number _____

We will gladly prepare a written estimate if you desire (please ask our doctor OR receptionist). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We take Master Card, Visa, and Discover, as well as cash and checks. In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we offer Care Credit as an option. There will be a \$25.00 service charge for any check returned unpaid. It is understood that a billing charge of \$5.00 and a finance charge of 1.5% (18%) per year will be assessed on any unpaid balances. The client will be responsible for all collection charges.

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

Signature of Responsible Agent for Pet(s) _____ Date _____

Referred to us by: Web Page Walk-In Hospital Sign Yellow Pages ZipLocal Friend

Your signature here gives SVMC permission to use your pets photograph on our web site, social media sites, marketing and promotional publications.

Signature: _____

Cat	Dog	Other	Pet's Name	DOB	Sex	Description