

Receptionist: _____

PRIMARY OWNER INFORMATION / SIGNATURE CARD

PLEASE COMPLETE ALL INFORMATION. MUST BE AT LEAST 18 YEARS OF AGE.

Last Name :	First Name:	Middle:
Street Address:		
Mailing Address (if different):		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email Address: _____		
Referred by: (Friend/Relative? Paper? Yellow Book? Sign? Web? Other?) _____		
Employer:	Work Phone:	
Do you have a regular veterinarian? (if so, please tell us who) _____		
* We are compliant with the Federal Trade Commission's Red Flags Rule. Photo ID required *		
We will gladly provide a written estimate of service fees if you wish, please ask. For your convenience, we accept Cash, Check, Visa, Master Card, Discover, American Express and Care Credit. <u>~ ALL PROFESSIONAL FEES ARE DUE WHEN SERVICES ARE RENDERED ~</u>		
Primary Owner Signature: _____		Date: _____
By signing this form, I state that I assume full financial responsibility and that I am the owner of this pet or acting as an agent for the owner. A service fee of 1.5% per month (18% APR) will be added to any balance owed for greater than 30 days. In the event that your account is unpaid for a period of 90 days, the full balance including interest and collection fees will be submitted to our collection agency.		

SPOUSE or CO-OWNER INFORMATION

Last Name :	First Name:	Middle:
Home Phone:	Cell:	
Employer:	Work Phone:	
Spouse/co-owner Signature: _____		Date: _____

PATIENT INFORMATION

Pet's Name: _____	Sex: M F	Altered: Y N	Birthdate or Age: _____
Species: Canine Feline Avian Exotic	Breed: _____	Color: _____	

staff use only

ID verified for: primary (required) / co-owner ; copy ID -give to manager (optional)