

Receptionist: _____

PRIMARY OWNER INFORMATION

PLEASE COMPLETE ALL INFORMATION. PRIMARY OWNER MUST BE OVER 18 YEARS OF AGE.

Last Name :	First Name:	Middle:
Street Address:		
City:	State:	Zip:
Mailing Address (if different from above):		
Home Phone:	Cell Phone:	
Employer:	Work Phone:	
Email Address:		
DRIVERS LICENSE #:	STATE:	EXP:
SOCIAL SECURITY #:	DATE OF BIRTH:	
Referred by: (Friend/Relative? Newspaper? Yellow Book? Sign? Other?)		
Do you have a regular veterinarian? (if so, please tell us who)		

SPOUSE or CO-OWNER INFORMATION

Last Name :	First Name:	Middle:
Home Phone:	Cell:	Social Security #:
Employer:	Work Phone:	

PAYMENT

We will gladly provide a written estimate of service fees if you desire. For your convenience we accept Cash, Check, Visa, Master Card, Discover, American Express and Care Credit.

ALL PROFESSIONAL FEES ARE DUE WHEN SERVICES ARE RENDERED.

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 the account is unpaid for a period of 90 days, it will incur additional collection fees and be submitted to a collection agency.

Signature: _____ Date: _____

By signing this form, I state that I am over the age of 18 and I am the owner of this pet or acting as the agent for the owner.

PATIENT INFORMATION

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