

PRIMARY OWNER INFORMATION / SIGNATURE CARD

Last Name :	First Name:	Middle:
Street Address:		
Mailing Address (if different):		
City:	State:	Zip:
Primary Phone:	Alternate Phone:	Email Address:
Driver's License #:	Date of Birth:	
Employer:	Work Phone:	
Who referred you to us?	Yellow Pages <input type="checkbox"/>	Website <input type="checkbox"/>
	Sign on Rt. 303 <input type="checkbox"/>	Shelter <input type="checkbox"/>
Family/Friend (will receive monetary gift) <input type="checkbox"/> WHO? _____		
Do you have a regular veterinarian? (if so, please tell us who)		
Do you have Pet Insurance? If so, which company? No Yes -		

SPOUSE or CO-OWNER INFORMATION

Last Name :	First Name:	Middle:
Home Phone:	Cell:	
Employer:	Work Phone:	

PATIENT INFORMATION

Pet's Name:	Sex: M F	Spayed/Neutered? Y N	Birthdate: ___/___/___
Species: Canine Feline Avian Exotic	Breed:	Color:	

We will gladly provide a written estimate of service fees if you wish, please ask.

A service fee of 1.5% per month (18% APR) will be added to any balance owed for greater than 30 days (prior approval required for unpaid invoices). 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.

By signing this form, I state that I am over the age of 18; that I am the owner of this pet or acting as an agent for the owner; that I assume full financial responsibility for goods/services rendered.

*We accept Cash, Check, Visa, Master Card, Discover, American Express and Care Credit
~ ALL FEES ARE DUE WHEN SERVICES ARE RENDERED ~*

PRIMARY OWNER SIGNATURE: _____ **Date:** _____

CO-OWNER SIGNATURE: _____ **Date:** _____

staff use only	
ID verification : <input type="checkbox"/> primary owner (required) / <input type="checkbox"/> co-owner	Receptionist- _____