

PRIMARY OWNER INFORMATION / SIGNATURE CARD

Last Name : _____			First Name: _____			Middle: _____		
Street Address: _____								
Mailing Address (if different): _____								
City: _____			State: _____			Zip: _____		
Home Phone: _____ <input type="checkbox"/>			Cell Phone: _____ <input type="checkbox"/>					
Check one box above for Primary Number to use								
Email Address: _____								
Who referred you to us? Website Sign on Rt. 303 Shelter Welcome Wagon Newspaper Family/Friend (will receive monetary gift) <input type="checkbox"/> WHO? _____								
Do you have a regular veterinarian? (if so, please tell us who) _____								
Are you a Senior Citizen (65 years old)? No _____ Yes _____ (you may be asked for ID)								
Are you in the military or a veteran? No _____ Yes _____ (you may be asked for military ID)								
Do you have Pet Insurance? No Yes If yes, which company? _____								

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: _____		

I understand that my pet's picture may be used on social media sites.

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, CitiHealth Card 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- _____