



UPDATED CONTACT INFORMATION!

Thank you for entrusting us with the care of your pet(s). Please take a moment to share some important information as we support your pet's need today and in the future. **OWNERS MUST BE 18 YEARS OR OLDER TO SIGN THIS FORM & TO CONSENT FINANCIALLY FOR MEDICAL TREATMENT.**

OWNER'S NAME, LAST: _____ FIRST: _____

ADDRESS: _____ APT # _____ CITY: _____

STATE: _____ ZIP: _____ PRIMARY PHONE (Where we can reach you best): _____

CELL PHONE: _____ HOME/WORK PHONE: _____

EMPLOYER: _____ EMAIL: _____

SPOUSE/CO-OWNER: _____ RELATIONSHIP TO OWNER: _____

CO-OWNER'S EMAIL: _____ CO-OWNER'S CELL: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

We will gladly prepare a written estimate if you desire (please ask our team members). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**. In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we accept Mastercard, Visa, Discover, and American Express. Financing arrangements may also be made through CareCredit. If you wish to apply for financing through CareCredit ask our team members for assistance.

Unpaid accounts over 30 days are subject to a 21% annual finance charge (minimum \$ 1.00). Should it become necessary to refer an unpaid account to collections there will be a \$ 28.00 fee added to the account. There will be a \$ 28.00 service charge for any check returned unpaid.

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.

I understand these terms and by signing this document I am 18 years or older and assume financial responsibility for any approved treatments/services

SIGNATURE: _____ Date: _____