



Name/Owner \_\_\_\_\_ Co-Owner \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Co-Owner Number \_\_\_\_\_ Employer \_\_\_\_\_

Email Address (we use this to remind you of vaccinations due and send you email-only 5280VC promotions.)

How did you hear about us?

- Internet, Phone Book, Mailer/Postcard, Client (please list name:), City Bark, Ace Dog, Ads, Employee, Shelter, Yelp, Drove/Walked By, Other Doctor/Hospital, Indian Tree Animal Hospital, Other.

Current Pet Information - Please fill out completely. (Males are neutered, females are spayed)

Pet Name, Breed, Dog, Cat, Birthdate/Age, Coloring, Male, Female, Spayed/Neutered?, Yes, No, Microchipped?, Yes, Tag#, No

Current Pet Information, Second Pet - Please fill out completely. (Males are neutered, females are spayed)

Pet Name, Breed, Dog, Cat, Birthdate/Age, Coloring, Male, Female, Spayed/Neutered?, Yes, No, Microchipped?, Yes, Tag#, No

Which pet insurance company is your pet insured under? (So we may submit your claims for you)

Name of previous veterinarian? (So we may obtain medical history)

Phone Number \_\_\_\_\_

PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE RENDERED

I understand that if I do not pay this account as agreed, the account is subject to costs of collection, attorney fees, and including interest (any balance that is carried over a period of 30 days will accrue a monthly finance charge of 1.5% or 18% per annum). Returned check fee is \$40. I understand that the hospital staff will provide an estimate of current and anticipated charges any time I request one. I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided. For hospitalized cases, a deposit may be required in advance. By submitting this form I agree to the payment terms above. WE ACCEPT THE FOLLOWING: CASH, CHECK, MASTER CARD, VISA, DISCOVER, & AMERICAN EXPRESS. WE CAN ARRANGE FOR CareCredit, ASK OUR RECEPTIONIST FOR DETAILS.

Name Signature Date