

# ANIMAL CLINIC

**Must be 18 years old to fill out this form**

## OWNER INFORMATION

Owner Name: \_\_\_\_\_ Spouse/SO Name: \_\_\_\_\_

Driver's License# \_\_\_\_\_ State: \_\_\_\_\_ Birthday: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Street address (If different) \_\_\_\_\_  
\_\_\_\_\_

	Owner	Spouse/SO
Phone Numbers: Cell	(____) _____	(____) _____
Home	(____) _____	(____) _____

I prefer you contact me by ☐ calling home ☐ calling work ☐ calling cell ☐ texting cell ☐ e-mail

We are collecting e-mail addresses for our own future use to include vaccination reminders, special hospital events or new product/service announcements. We respect your privacy.

E-MAIL: \_\_\_\_\_@\_\_\_\_\_

How did you first find us? (Circle one)      Referral      Yellow Pages      Sign      Internet      Newspaper

If referred to us by a client, who can we thank for this referral? \_\_\_\_\_

## INFORMED CONSENT

I certify that I am **over 18 years of age and will assume responsibility for all charges incurred in the care of this pet. I understand that FULL PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED and that a DEPOSIT IS REQUIRED FOR ANY HOSPITALIZED PET.**

Failure to show for an appointment without calling 24 hours in advance will result in a \$49.00 charge to your account, needing to be paid before your next appointment.

**We accept cash, Visa, MasterCard, Discover, CareCredit and debit cards. WE DO NOT ACCEPT CHECKS.**

Owner/Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_