



## Welcome to Our Practice!

*"We Treat Your Pet As A Part Of Our Family"*

YOUR NAME \_\_\_\_\_ SPOUSE/OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DOB \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

WORK PHONE \_\_\_\_\_ SPOUSE/OTHER CELL \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

### Please Tell Us About Your Pets

Records for my pets may be obtained from \_\_\_\_\_ (hospital name).

**1) Pets Name:** \_\_\_\_\_ Species:  Canine  Feline  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex:  Female  Male Spayed/Neutered?  Yes  No

**2) Pets Name:** \_\_\_\_\_ Species:  Canine  Feline  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex:  Female  Male Spayed/Neutered?  Yes  No

**3) Pets Name:** \_\_\_\_\_ Species:  Canine  Feline  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex:  Female  Male Spayed/Neutered?  Yes  No

**4) Pets Name:** \_\_\_\_\_ Species:  Canine  Feline  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex:  Female  Male Spayed/Neutered?  Yes  No

### All payments are due at the time professional services are rendered.

We accept cash, checks, all major credit cards as well as CareCredit.

I agree to pay in full all outstanding balances at the time work and/or services are completed. I recognize that my failure to pay my account in full within thirty days after work and/or services are completed may result in my balance being placed with a collection agency and possible listing with the credit bureau(s). I further agree, in order for you to service the account or to collect any amounts I may owe, you may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me. You may also contact me by sending text messages or emails, using any e-mail address I provide to you. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable. I/We have read this disclosure and agree that the Lender/Creditor may contact me/us as described above.

I have read and understand the above statements and agree to all terms therein.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_