

# Welcome To



## Client Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
How did you learn about our practice? \_\_\_\_\_  
\*Email Address: \_\_\_\_\_

## Pet Information

1.) Pet's Name: \_\_\_\_\_ Canine Feline Other \_\_\_\_\_  
Breed: \_\_\_\_\_ Birth date: \_\_\_\_\_ Male Female  
Color: \_\_\_\_\_ Altered: Yes No

2.) Pet's Name: \_\_\_\_\_ Canine Feline Other \_\_\_\_\_  
Breed: \_\_\_\_\_ Birth date: \_\_\_\_\_ Male Female  
Color: \_\_\_\_\_ Altered: Yes No

3.) Pet's Name: \_\_\_\_\_ Canine Feline Other \_\_\_\_\_  
Breed: \_\_\_\_\_ Birth date: \_\_\_\_\_ Male Female  
Color: \_\_\_\_\_ Altered: Yes No

## Authorization

We do not grant credit to our clients, but expect full payment upon delivery of the services we render to your pet(s). If we elect, at our discretion, to grant you credit or in the event you fail to fully pay your bill on receipt, you agree to pay a monthly service charge of \$2.00 per month or 1.5% of you total unpaid bill, whichever is greater. Failure to make regular timely payments will require us to use collection remedies and you agree to pay us for all costs of collection including reasonable attorney's fees. By signing this agreement where indicated, you agree to be bound by these credit terms

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