

Welcome

Registration

Today's Date _____

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____

Text/e-mail vaccine reminders Text appointment reminders Text/e-mail specials

If text appointment is not checked phone calls will be made for appointment reminder

Pet Health History

1) Pet's Name _____ Date of Birth _____

Type of Animal Dog Cat Other _____

Sex: Male Female Neutered/Spayed

Breed _____ Color _____

2) Pet's Name _____ Date of Birth _____

Type of Animal Dog Cat Other _____

Sex: Male Female Neutered/Spayed

Breed _____ Color _____

Authorization

In order to focus on our patients' needs, customer service and minimizing costs, we do not bill. Payment is expected when services are rendered.

We except debit cards, credit cards, (Visa, MasterCard, Discover) checks, CareCredit and cash.

A good-faith estimate for the cost of our services prior to any treatment is always available upon your request.

When unexpected illness strikes, unexpected expense strikes as well. We understand and are able to make special arrangements through the CareCredit program. It takes just 5 minutes to complete an application and will allow you to break down your payments into monthly installments. You can either apply yourself online at www.CareCredit.com or complete an application here at our hospital.

Benefits to CareCredit:

Low monthly payments

No Annual Fee

Interest free plans

Note: If you are depending on CareCredit to finance your bill, you must have your application approved prior to committing to the services.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal.

Sign _____

Date _____