

# COMPANION CARE VETERINARY HOSPITAL

## WELCOME TO OUR PRACTICE!

Welcome to Companion Care Veterinary Hospital. Our staff is dedicated to the optimum in patient care and will do its utmost to make your pet's stay pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. To help us serve you better, please provide us with the following information. **PLEASE PRINT**

### Client Information

Name: \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Physical Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Driver's License # \_\_\_\_\_

#### Would you like to manage your pet's health online?

By giving us your e-mail address, you will be activating your FREE Pet Portal today! You will be able to use our website to check your pet's vaccination status, learn more about our recommendations, ask us non-urgent questions, request appointments, medication and food refills from us online and more! Be confident that we will keep your e-mail address private. You will receive an e-mail from us with your login and password information for your Pet Portal! We will also subscribe you to our on-line pharmacy, Vetcentric. This will allow you to purchase food and medications right from your home or office and delivered to your home.

E-mail address: \_\_\_\_\_

How did you choose our practice? (Circle one)

Yellow Pages Location Internet Other \_\_\_\_\_

Personal Recommendation (whom may we thank) \_\_\_\_\_

### Patient (Pet) Information

Pet's Name	Cat	Dog	Birthdate	F/M	Neuter Y/N	Breed	Color

Previous Veterinarian: \_\_\_\_\_

I hereby authorize the veterinarians at Companion Care Veterinary Hospital to examine, prescribe for, and treat the above described pet(s). Any animal admitted or hospitalized shall receive the necessary diagnostic tests and treatment to ensure proper medical care. I agree to pay for all services rendered and medications, goods, and supplies when purchased. I understand that a deposit of 50% will be required for surgical or medical treatment with the balance due at discharge. All accounts not paid within 30 days will be subject to a late charge of 1.5% per month (18%per annum) on the unpaid balance and billing charges in the amount of \$4.50 per month. In the event of default, the undersigned further agrees to pay any or all collection agency, court cost and attorney fees in the amount of 40% of the total due when turned over for collection. These fees are due without any relief whatever from valuation or appraisal laws. This contract extends to all additional pets brought in at a later date. ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. A \$40.00 charge is made for all returned checks. I understand the doctor hours are from 8am – 6pm Monday, Tuesday, Thursday Friday and 8am – 1pm on Wednesday and Saturday. I understand that at all other hours there may not be a veterinarian providing continuous care. By my signature below, I hereby agree to all of the above and acknowledge the receipt of a copy of this agreement (upon request.)

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_