

# Animal Care Center of Topeka

Leon J Conner, III, DVM  
2061 SE California Ave.

Client # \_\_\_\_\_

Topeka, KS 66607

## CLIENT INFORMATION

Owners Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ SSN # \_\_\_\_\_ KDL \_\_\_\_\_  
Spouse \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Spouse's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Person & number to call in case we cannot reach you for Emergency \_\_\_\_\_  
How did you find out about us? \_\_\_ Yellow Pages? \_\_\_ TV Ad. \_\_\_ Client Referral by \_\_\_\_\_

## PET INFORMATION

Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other \_\_\_  
Birthdate \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Neuter/Spay? \_\_\_  
Breed \_\_\_\_\_ Color/Markings \_\_\_\_\_

Has your pet been vaccinated within the past 12 months? \_\_\_\_\_ By Whom? \_\_\_\_\_

Is your dog on heartworm preventative? Yes No.

Has your cat been checked for Feline Leukemia or Aids? Yes No

Preferred Method of Payment: Cash \_\_\_ Check \_\_\_ Visa/MC \_\_\_

### **Payment is Expected in Full when services are rendered.**

**We DO NOT have charge accounts. We DO NOT bill. I agree to accept ALL financial responsibility for whatever is done to my pet while under the care of Highland Park Animal Clinic.**

**Clinic Policy:** All pets admitted for hospitalization or surgery **must** have current immunizations. If not, they will be given and the client charged accordingly. Emergency fees paid upon admission. All checks are subject to bank verification.

You are responsible for fees incurred in caring for your pet. A deposit may be required. There will be a \$30.00 fee assessed to ALL bounced checks, in addition to what the check collection agency requires. A monthly interest rate of 1.8% will be assessed to all unpaid balances. If a statement is mailed, a \$1.00 billing charge will be added to the balance due. Please feel free to discuss any part of your bill with us.

**Client Release Statement:** I understand the treatment of my pet may include the use of potent medications including anesthetic, and that no guarantee can be made for the survival or recovery of any animal. I hereby give permission for any emergency treatment deemed necessary to save my pet's life.

Signature: \_\_\_\_\_