



Client Information

Welcome to Hopewell Animal Hospital. We honor the opportunity to care for your family pet member(s). Please take a moment to fill out the information below.

Your Name _____ Spouse/Other _____

Patient's Name _____

Previous Veterinarian (Practice name, City and State) _____

Your Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

What is the best way to contact you (home, work, cell, email, etc.)? _____

Emergency Contact Person _____ Emergency Contact Phone _____

Occupation _____ Where did you hear about us? _____

Our practice philosophy is to treat each companion animal as the individual he or she is. This often includes Chinese medical treatments such as herbs, acupuncture, chiropractic and other modalities. Please indicate your treatment preference below.

Strictly traditional _____

Combination of traditional and complimentary medicine (integrated) _____

Strictly complimentary (i.e. Chinese herbs, acupuncture) _____

My signature below serves as agreement to the following :

I am responsible for all charges incurred by my pet(s) while in the care of the doctors and staff at Hopewell Animal Hospital and understand that these charges are due and payable at the time of services. Treatment plans requiring comprehensive care estimated at \$1,000.00 or more, will require a 50% deposit to begin your pet's treatment.

The forms of payment we accept are personal checks, Visa, Mastercard, Discover and CareCredit. Returned checks are assessed a fee of \$25. Any balance I carry over a period of 30 days will accrue a monthly finance charge of 1.5% or 18% per annum. Any balance left unpaid after 90 days, in the event of default of payment, will leave you responsible for all reasonable collection fees, attorney's fees and costs.

Signature _____ Date _____