Receptionist: _____

PRIMARY OWNER INFORMATION / SIGNATURE CARD

PLEASE COMPLETE **ALL** INFORMATION. MUST BE AT LEAST 18 YEARS OF AGE.

Last Name : First Name: Middle:

Street Address:

Mailing Address (if different):

City: State: Zip:

Home Phone: Cell Phone:

Email Address:

Referred by: (Friend/Relative? Paper? Yellow Book? Sign? Web? Other?)

Employer: Work Phone:

Do you have a regular veterinarian? (if so, please tell us who)

* We are compliant with the Federal Trade Commission's Red Flags Rule. Photo ID required *

We will gladly provide a written estimate of service fees if you wish, please ask. For your convenience, we accept Cash, Check, Visa, Master Card, Discover, American Express and Care Credit.

~ ALL PROFESSIONAL FEES ARE DUE WHEN SERVICES ARE RENDERED ~

Primary Owner Signature: _____ Date:_____ By signing this form, I state that I assume full financial responsibility and that I am the owner of this pet or acting as an agent for the owner. A service fee of 1.5% per month (18% APR) will be added to any balance owed for greater than 30 days. In the event that your account is unpaid for a period of 90 days, the full balance including interest and collection fees will be submitted to our collection agency.

SPOUSE or CO-OWNER INFORMATION

Last Name : First Name: Middle:

Home Phone: Cell:

Employer: Work Phone:

Spouse/co-owner Signature: _____ Date: _____

PATIENT INFORMATION

Pet's Name: **Sex:** M F **Altered:** Y N **Birthdate or Age:**

Species: Canine Feline Avian Exotic **Breed:** **Color:**

staff use only

ID verified for: ☐ primary (required) / ☐ co-owner ; ☐ copy ID -give to manager (optional)