

Northeast Animal Hospital 1407 Timberlane Road, Tallahassee, FL 32312 (850) 893-5636

Date: _____ Owner: _____

Address: _____ Apt. # _____ Zip: _____

Home Phone # : _____ Work Phone: _____ E-Mail Address: _____

Alternate # /Pager: _____ Driver License # : _____

Animal's Name: _____ **Date of Birth:** _____ **Sex:** M / F

Spayed or Neutered? Yes / No Breed: _____

Color: _____ Date of last vaccines: _____

Where were they done? (Vet's name, location) _____

Is your dog on heartworm preventative? Yes / No -- → DAILY / MONTHLY

Is your pet on any special medications or have any medical conditions? (If on medicine, please give dose instructions)

2nd Animal's Name: _____ **Date of Birth:** _____ **Sex:** M / F

Spayed or Neutered? Yes / No Breed: _____

Color: _____ Date of last vaccines: _____

Where were they done? (Vet's name, location) _____

Is your dog on heartworm preventative? Yes / No -- → DAILY / MONTHLY

Is your pet on any special medications or have any medical conditions? (If on medicine, please give dose instructions)

Who may we thank for this referral? _____

*******PAYMENT OPTIONS*******

Our mission is to deliver the finest, most cost-effective health care treatment available today. Following diagnosis, the doctor will advise you of our plan of treatment. Additionally, we will discuss with you the cost of today's and any future treatments.

Payment for today's visit and your future visits are due at the time of service. We do not bill. We accept cash, check, Visa, Mastercard, and Discover. If you are unable to pay the full amount today using any of these options, we also offer an extended monthly payment plan through CareCredit. This plan does not require payment now, nor the use of your bank card. Processing of your application will only take a few minutes.

*******PLEASE INDICATE THE FORM OF PAYMENT YOU WISH TO USE:**

Cash _____ Check _____ Visa _____ Mastercard _____ Discover _____

CareCredit _____ - If you select this option, Please ask the receptionist for a CareCredit application.

Signature of Owner / Responsible Party

Date