

**DOCTON ANIMAL CLINIC  
WELCOME TO OUR PRACTICE!**

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pets needs today and in the future. **PLEASE PRINT IN ALL SPACES AND FILL OUT BOTH SIDES ENTIRELY.**

OWNER'S NAME (Must be at least 18 years of age): \_\_\_\_\_

DOB: \_\_\_\_\_ SPOUSE/OTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SPOUSE/OTHER CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US:  Yellow Pages  Sign  Recommendation

IF RECOMMENDED, WHO CAN WE THANK? \_\_\_\_\_

In addition to phone calls and postal mail, we also like to communicate with our clients via e-mail. Please provide us with your e-mail address so we may send you important health information regarding your pet. **Be confident that we will keep your e-mail address private, just as we do the rest of your information.**

E-Mail Address: \_\_\_\_\_

**Pet Information:**

Pets Name	Species	Other	D.O.B	Gender	Spayed/ Neutered	Breed	Color
	Cat/Dog		/ /	Male/Female	Yes/No		
	Cat/Dog		/ /	Male/Female	Yes/No		
	Cat/Dog		/ /	Male/Female	Yes/No		
	Cat/Dog		/ /	Male/Female	Yes/No		
	Cat/Dog		/ /	Male/Female	Yes/No		

Previous Veterinarian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby authorize the veterinarians at Docton Animal Clinic to examine, prescribe for, and treat the above described pet(s). Any animal admitted/hospitalized shall receive the necessary diagnostic tests and treatments to ensure proper medical care. I agree to pay for all services and medications rendered, supplies and goods purchased today and in the future. I understand that a deposit may be required for surgical or medical treatment. **ALL FEES ARE DUE TO AT THE TIME SERVICES ARE RENDERED!**

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: \_\_\_\_\_

**OFFICE FINANCIAL POLICY**

**DOCTON ANIMAL CLINIC  
10 KINSEY RD  
XENIA, OH 45385  
PHONE: 937-372-6391  
FAX: 937-372-6465**

Dear Client,

We would like to share the following policies with you so that you understand your responsibilities regarding charges for the services rendered to you by this office. We are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. The following is a summary of our financial policy.

**ALL PAYMENTS ARE DUE TO AT THE TIME SERVICE  
NO EXCEPTIONS**

Payment is required at the time services are rendered. Docton Animal Clinic accepts cash, personal checks (with valid ID), VISA, Discover and MasterCard. We use a company called Bounce Back Check Recovery. They handle our returned checks. They have a returned check fee of \$30.00 or state allowed maximum for any checks that are returned to our clinic.

Patients with an outstanding balance of 60 days or more must make arrangements for payment prior to scheduling future appointments. Patients with an outstanding balance will be charged a minimum finance charge 1.5% per month.

**MISSED APPOINTMENTS:**

Broken appointments represent a cost to us, to you and other patients who could have been seen in the time set aside for you. We reserve the right to charge for missed appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read and understand the Docton Animal Clinic Financial Policy. I agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed; I also will be responsible for the fee charged by the collection agency for costs of collections.

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 Responsible Party: \_\_\_\_\_

Date: \_\_\_\_\_