

## **Dalton Animal Care North & Kitty Korner**

Thank you for giving Dalton Animal Care the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

\*Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_

\*Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

\*Phone:\_\_\_\_\_ Cell:\_\_\_\_\_ Employer:\_\_\_\_\_

Work Phone:\_\_\_\_\_ EXT:\_\_\_\_\_ D.L.#\_\_\_\_\_ State Issued:\_\_\_\_\_

Client's Email:\_\_\_\_\_ (Receive reminders for your pet(s). DAC may text me regarding my pets. Yes or No (Please Circle) If yes, cell # to use and what company you have (example AT&T or Verizon) :

#\_\_\_\_\_ Carrier:\_\_\_\_\_ \*I consent to DAC using my pet's

image, general and medical information on social media.\_\_\_\_\_ Initial to approve.

**(Co-Owner has equal authority for all pets listed under this account, up to and including euthanasia.)**

Spouse and/or Co-Owner:\_\_\_\_\_ Co-Owner Employer:\_\_\_\_\_

Co-Owner Work#:\_\_\_\_\_ Co-Owner cell:\_\_\_\_\_ Co-Owner Email:\_\_\_\_\_

### Patient Information

Pet Name:\_\_\_\_\_ Pet Name:\_\_\_\_\_ Pet Name:\_\_\_\_\_

Breed:\_\_\_\_\_ Breed:\_\_\_\_\_ Breed:\_\_\_\_\_

Color:\_\_\_\_\_ Color:\_\_\_\_\_ Color:\_\_\_\_\_

D.O.B.\_\_\_\_\_ D.O.B.\_\_\_\_\_ D.O.B.\_\_\_\_\_

☐ Spayed ☐ Neutered  
☐ Female ☐ Male

☐ Spayed ☐ Neutered  
☐ Female ☐ Male

☐ Spayed ☐ Neutered  
☐ Female ☐ Male

**Payment is due when services are provided, we accept cash, credit cards and checks. I certify I am the legal owner of the pet(s) on this account and that I am at least 18 years of age.\_\_\_\_\_ Initial**

I understand all medical procedures, including vaccinations, have some inherent risk. If you have any questions or concerns about procedures and/or vaccinations, please discuss them with the doctor. **Note: We have trained staff to hold your pet during exam or treatment. If you elect to restrain your pet during exam/treatment, please understand we can not be responsible for any injury incurred to you or your pet.\_\_\_\_\_ Initial**  
**DAC has a non-continual presence during closed hours of operation. . \_\_\_\_\_ Initial**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

DAC Office Use: Client Number\_\_\_\_\_

# Dalton Animal Care North & Kitty Korner

2685 Cleveland Hwy Ste #1 | Dalton, GA 30721 | Phone: 706-281-4770 | Fax 706-281-4772

## Financial Policy

Thank You for Choosing Dalton Animal Care. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Dalton Animal Care North & Kitty Korner require payment in full at the end of your pet's examination and/or treatment at the time of discharge.

### **Payment Options:**

You can choose from:

- Cash, Check, Visa®, Mastercard®, American Express®, or Discover Card®
- Convenient Monthly Payment Plans from CareCredit®
  - Allow you to begin treatment today and pay over time
  - Available for any treatment amount
  - Can be used repeatedly - for your entire family - without having to reapply

### **Deposit and Billing:**

For some treatments and hospitalized care, minimum prepayment amounts are required, ranging from 50% of treatment care plan to \$400.00 to admit a patient that is positive for parvo. We charge 1.5% interest or \$5.00 per month on accounts with outstanding balances older than 30 days. If you have an account 90 days past due, Dalton Animal Care North & Kitty Korner may relinquish your balance owed to an outside collection agency. If needed collection costs and court fees will be added.

### **Additional Policy Information:**

Dalton Animal Care North & Kitty Korner charges \$35.00 for returned checks.

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

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Client/Owner Signature

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Date

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Client/Owner Signature

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Date