

WELCOME TO  
Bailey Veterinary Clinic



PLEASE FILL OUT **FRONT AND BACK** COMPLETELY

**CLIENT INFORMATION**

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Ph # \_\_\_\_\_ Cell # \_\_\_\_\_ Spouse Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please send "Reminders" via ( ) Email ( ) Postcards ( ) Both

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Work # \_\_\_\_\_

How did you find us? ( ) Phone Book ( ) Website ( ) Radio Advertising ( ) Community Event

( ) Friend - Name \_\_\_\_\_ We'd like to thank them

**PAYMENT INFORMATION**

We require payment in full at the time services are provided. When emergency services are rendered a deposit of \$80-\$100 or more may be required with the balance due upon discharge of the patient.

We accept Cash, Check, Visa, Mastercard, Discover, Debit cards, and Care Credit as a payment plan.

I assume responsibility for all charges incurred in the care of said animal(s). I also understand that these charges will be paid in full at the time of release and that a deposit may be required.

Please ask about **CARE CREDIT**, our "interest free" credit card financing program and **PET INSURANCE**. \_\_\_\_\_ (Initial)

How do you prefer to pay today? ( ) Cash ( ) Check ( ) Credit Card

Driver's License # \_\_\_\_\_ Required for check writing privileges

Spouse's License # \_\_\_\_\_

Signature of owner(s) or Responsibility Party \_\_\_\_\_ Date \_\_\_\_\_

I APPOINT THE FOLLOWING INDIVIDUALS AS AUTHORIZED REPRESENTATIVES TO MAKE TREATMENT DECISIONS IN MY ABSENCE:

Caretaker \_\_\_\_\_

Phone# \_\_\_\_\_

Caretaker \_\_\_\_\_

Phone# \_\_\_\_\_

Caretaker \_\_\_\_\_

Phone# \_\_\_\_\_

Print \_\_\_\_\_

Sign \_\_\_\_\_