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Welcome to Our Office

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_ Spouse/Other Name \_\_\_\_\_

Are there any children under the age of 10 living in the household? Y\_\_\_ N\_\_\_

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phones #1 \_\_\_\_\_ Phones #2 \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact Name/Number \_\_\_\_\_

Best time to call you regarding your pet's care \_\_\_\_\_

Email: \_\_\_\_\_

**ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We will gladly prepare an estimate upon request. We accept checks, cash VISA, Mastercard, Care Credit and Debit cards. There will be a \$50.00 service charge for any returned check. If payment is not made at time of services, you, the client, agree to pay all costs of collection, including responsible attorney fees, whether or not a lawsuit is commended as part of the collection process.**

I agree to these terms of treatment and payment. I understand that I am responsible for the payment of services rendered.

How do you intend to pay today? Please choose one:

CASH \_\_\_ CHECK \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ DEBIT CARD \_\_\_ CARE CREDIT \_\_\_

\*\*\*Signature of Client Responsible for Pet: \_\_\_\_\_\*\*\*

Pet's Name	M/F	Neutered/ Spayed?	Dog/ Cat	Breed	Age