

## CLIENT INFORMATION

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

CO-OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BEST EMAIL TO KEEP ON FILE: \_\_\_\_\_

WORKPLACE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CO-OWNER WORKPLACE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

OTHER PERSONS AUTHORIZED TO BRING PETS IN & MAKE MEDICAL/FINANCIAL DECISIONS:

\_\_\_\_\_

REFERRED BY: \_\_\_\_\_ PREVIOUS VET: \_\_\_\_\_

## PATIENT INFORMATION

PET NAME (S)				
SPECIES				
BREED				
COLOR				
AGE				
SEX: F/S, F, M, N				

F/S = SPAYED FEMALE    F=INTACT FEMALE    N=NEUTERED MALE    M=INTACT MALE

***To ensure the safety and well-being of pets in our facility, ALL PETS must arrive leashed or crated. We do not accept responsibility for the safety of pets arriving unleashed or uncrated.***

## PAYMENT POLICY

It is our policy to provide you with a written estimate of fees, for any case where in-hospital treatment or emergency care is necessary. A 50% deposit of the estimated fee is required prior to treatment. Routine/ elective procedures are payable at the time of service. A written estimate of these charges will be provided if requested. For your convenience, we accept M/C, Visa, and Discover & Care Credit.

I AGREE TO PAY FEES FOR SERVICES IN FULL AT THE TIME OF MY PET(S) DISCHARGE FROM THE HOSPITAL OR WHEN SERVICES ARE OTHERWISE TERMINATED. IN THE EVENT OF A NON-PAYMENT; I AGREE TO REIMBURSE DUMFRIES ANIMAL HOSPITAL & THE FEES OF ANY COLLECTION AGENCY (WHICH MAY BE BASED ON A PERCENTAGE AT A MAXIMUM OF 33% OF THE DEBT), ALL COSTS, AND EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES, WE INCUR IN SUCH COLLECTION EFFORTS.

## NO SHOW/CANCELLATION POLICY

We require a 24hr notice of any cancellations. "No Show" appointments will require a non-refundable deposit of \$65 prior to scheduling any future doctor appointments. This deposit will be applied to the next visit's final bill.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

DRIVERS LICENSE#: \_\_\_\_\_

STATE: \_\_\_\_\_

(Driver's License ID is required for check payments)