

Southtowns Animal Hospital

Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's name _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone#: _____ Email Address: _____

Driver's License #: _____

Employer's Name & Address: _____

At what time _____ and at what phone # _____ is best to call about your pet?

In case of EMERGENCY, call _____ at phone # _____

We will gladly prepare a written treatment plan if you so desire. Please ask the receptionist or doctor. Professional fees are due at time services are rendered.

Preferred method of payment: Cash Credit Card Care Credit

Name of Previous/Current Veterinarian: _____

How did you hear of our hospital?

- Individual, someone we may thank? _____
- Yellow Pages, or another telephone directory?
- Hospital Sign?
- Another hospital? If so, which? _____
- Other, please state: _____

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccines.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

Vaccine Consent:

I chose to have my pet(s) vaccinated according to the veterinarian's recommendations. I understand and accept that uncommon side effects can occur such as: vomiting, diarrhea, facial swelling, hives, difficulty breathing, autoimmune diseases, sudden collapse, and death. I accept these as noted risks with all vaccines.

In addition, I understand that for the health and safety of humans, my pets vaccine information will be released if need be to any State/Federal organizations, groomers, or other animal hospitals. My personal information such as my phone number and address will not be released.

Signature: _____ Date: _____

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Financial Policy

Thank you for choosing Southtowns Animal Hospital. 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. Southtowns Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Visa[®], MasterCard[®] or Discover Card[®]
- Convenient Monthly Payment Plans¹ from CareCredit[®]
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹

For some treatments or hospitalized care, a deposit is required. Healthcare plans requiring comprehensive care of more than \$300 or more, will require a 50% deposit to begin your pet's treatment.

Additional Policy Information:

Southtowns Animal Hospital charges \$47 for returned checks. A fee of \$44.00 is charged for clients who miss or cancel more than 3 appointments in a calendar year without 24 hours notice. 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:

Client/Owner Signature _____ Date _____

Client/Owner Name (Please Print) _____

¹Subject to credit approval

*****We are sorry but at this time
WE DO NOT ACCEPT CHECKS*****

<i>For Office Use Only</i>
