



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(s): _____

Is there anyone else you would like authorized to make medical decisions for your pet? Spouse? Family? Other?

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

Main contact phone number? This is the number we will always call first: _____

Best phone number to text? _____ Secondary phone number (text or call)? _____

Email Address: _____ Driver's License #: _____

Employer's Name & Address: _____

If YOU have an emergency at our office, who should we call? Name: _____ 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.**

Name of Previous or 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 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: (this must be signed if you would like us to vaccinate your pets)

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 or federal organizations, groomers, or other animal hospitals. My personal information such as my phone number and address will not be released.

Signature: _____ Date: _____

Please read and sign back→



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:

- Cash
- Visa, Mastercard or Discover
- Care Credit
- ✓ Allows you to begin treatment today and pay over time. Available for any treatment amount.
- ✓ Pay for health, and wellness care at over 225,000 enrolled providers across the nation. Once you've applied, you can use it again and again at any location that accepts CareCredit.
- ✓ With short term financing option of 6 months no interest is charged on purchases of \$200 or more when you pay the full amount due by the end of the promotional period. If you do not, interest is charged from the original purchase date.*

*Subject to credit approval.

*****At this time, we do NOT accept checks or American Express*****

For some treatments or hospitalized care, a deposit is required. Any pets admitted to the hospital will be required to leave a deposit of 50% of the estimated treatment plan. 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 \$49 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.

No Show and Cancellation Policy: Every time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Clients who fail to show for their appointment or do not notify the office within 24 hours of their scheduled appointment time, shall be subject to a **\$25 No Show and Cancellation Fee. Surgeries have a \$100 Cancellation and No Show Fee.** Surgeries must be canceled by 9am the day before, or by 9am on Friday for a surgery scheduled on Monday. In the event of an actual emergency, consideration will be given, and a one-time exception may be granted.

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:

Owner Signature: _____ Date: _____

Print Owner Name: _____

Pet(s) Names: _____