



Name/Owner, Co-Owner, Address, City/State, Zip, Phone #, Cell #, Work #, Co-Owner Number, Employer, Email Address

How did you hear about us? Client (please list name:), Employee:, Other: Internet, Phone Book, Other Doctor/Hospital, Mailer/Postcard, Bus Stop Bench, Ads, Yelp, Drove/Walked By, PETCO, Shelter, Two Ponds Pet Lodge

Current Pet Information - Please fill out completely. (Males are neutered, females are spayed)

Pet Name, Breed, Dog, Cat, Birthdate/Age, Coloring, Male, Female, Spayed/Neutered?, Yes, No, Microchipped?, Yes, Tag#, No

Current Pet Information, Second Pet - Please fill out completely. (Males are neutered, females are spayed)

Pet Name, Breed, Dog, Cat, Birthdate/Age, Coloring, Male, Female, Spayed/Neutered?, Microchipped?, Yes, Tag#, No

Which pet insurance company is your pet insured under? (So we may submit your claims for you)

Name of previous veterinarian? (So we may obtain medical history) Phone Number

PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE RENDERED

I understand that if I do not pay this account as agreed, the account is subject to costs of collection, attorney fees, and including interest (any balance that is carried over a period of 30 days will accrue a monthly finance charge of 1.5% or 18% per annum). Returned check fee is \$40. I understand that the hospital staff will provide an estimate of current and anticipated charges any time I request one. I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided. For hospitalized cases, a deposit may be required in advance. By submitting this form I agree to the payment terms above. WE ACCEPT THE FOLLOWING: CASH, CHECK, MASTER CARD, VISA, DISCOVER, & AMERICAN EXPRESS. WE CAN ARRANGE FOR CareCredit, ASK OUR RECEPTIONIST FOR DETAILS.

Name Signature Date