

Client Information

LAST NAME	FIRST NAME	SPOUSE'S NAME
HOME ADDRESS		
CITY	STATE	ZIP CODE
PRIMARY CONTACT NUMBER (home or cell)		
SECONDARY CONTACT NUMBER (cell, work or spouse's number)		
EMAIL ADDRESS		
Who can we thank for referring you to us? _____ Would you like us to send you a reminder when your pet's vaccines are due? Yes _____ No _____		

Patient Information

PETS NAME	DATE OF BIRTH (or approximate age)	DOG _____ CAT _____
BREED	COLORS/MARKINGS	
MALE _____	FEMALE _____	MICROCHIPPED? Yes _____ No _____
NEUTERED MALE _____	SPAYED FEMALE _____	If yes, # _____
Has your pet had any recent vaccinations? If so, when and where?		

Financial Policy: All About Pets Hospital requires payment in full for professional services rendered at the time of discharge from the hospital unless arrangements have been made in advance for payment.

Terms: Net 30 days from the date of the invoice unless otherwise indicated.

A finance charge of 1 0.5% per month (APR 18%) of the unpaid balance will be added monthly. Should collection become necessary, the responsible party agrees to pay an additional 40% collection fee, and all legal fees of collection, with or without suit, including attorney fees and court costs.

As legal owner or responsible agent of the above animal(s), I certify that I have read and agree to the above financial policy. I hereby assume financial responsibility for all services rendered.

Signature of Owner or Agent

Date