

Bay Creek Animal Clinic

NEW CLIENT INFORMATION FORM

IDENTIFICATION AND CLIENT INFORMATION

Name: _____

Secondary Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact Number: _____ Home () Cell () Work ()

Alternate Contact Number: _____ Home () Cell () Work ()

Email: _____ (for reminders on your pet)

Driver's License Number: _____ State: _____

How did you hear about us? Website () Phone Book () Hospital Sign ()

Individual Referral () _____

EMPLOYMENT

Employer: _____

Work Phone Number: _____

Secondary Person's Employer: _____

Work Phone Number: _____

FINANCIAL, MEDICAL INFORMATION AND LIABILITY RELEASE

Bay Creek Animal Clinic advises you that all fees are due at the time services are rendered. At your request we will gladly discuss cost of services and/or prepare a written estimate for recommended procedures. In the event that your pet is hospitalized, 50% of the estimated amount is due upon your pet's admittance to the hospital and the balance is due upon discharge. We accept cash, local personal check, MasterCard, Visa, Discover, American Express and debit cards. Bay Creek Animal Clinic uses a collection service for returned checks.

To prevent the spread of infectious diseases and parasites, we require pets to be current on all vaccines. Pets with fleas will be treated with a topical or oral flea medication upon admission and the cost will be included in the invoice.

You certify that you are over 18 years of age and the owner or owner's authorized agent of the animals that you identify and list in your hospital chart. You assume full responsibility for all charges incurred by your pets. You agree that in the event any unpaid balance is referred to collections, you will be responsible for all collection fees, legal fees and court costs on your owed balance may substantially increase.

Name of Owner or Authorized Agent

Signature of Owner or Authorized Agent

Date