



New client/patient information

Client information (YOU)

Name: _____ **Spouse:** _____

Mailing Address: (No P.O. Box) _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: _____ **Cell Number:** _____

Driver's License # _____ **State:** _____ **Expiration:** _____

Place of Employment: _____

Work Phone: _____

E-Mail: _____

Payment Information: (Please read and sign financial policy last page)

PAYMENT IS DUE WHEN SERVICES ARE RENDERED. WE DO NOT BILL OR MAKE PAYMENT ARRANGEMENTS. FAILURE TO PAY, OR RETURNED CHECKS WILL RESULT IN LEGAL ACTION. PLACE OF VENUE WILL BE COBB COUNTY, GEORGIA. PERSON SIGNING THIS DOCUMENT AND/OR CHECK WILL BE RESPONSIBLE FOR ALL LEGAL COSTS.

ACCEPTABLE METHODS OF PAYMENTS ARE: CASH, ALL MAJOR CREDIT CARDS, CHECK, TRADE CHECK AND CARE CREDIT.

ALL CHECKS MUST HAVE PRE-PRINTED BANK INFO WITH NAME ADDRESS AND TELEPHONE NUMBER; NO THIRD PARTY OR STARTER CHECKS WILL BE ACCEPTED.

SIGNATURE _____ **DATE** _____

Patient Information: (YOUR PET)

Pet's Name: _____

Pet's DOB: _____

Breed: _____

Color: _____

Spayed (FEMALE) Yes or No

Neutered (MALE) Yes or No

Is your pet on heartworm prevention? Yes or No

What Type _____

Is your pet on flea prevention? Yes or No

Date of Last Vaccination by a Veterinarian _____

Please List Vaccines Given

- 1.
- 2.
- 3.
- 4.

Date of Last Tests:

Heartworm _____ **Fecal** _____ **FELV/ FIP** _____

Additional Information:

Any surgeries besides spay or neuter _____

Allergies _____

Diet _____

Dental Status: **Needs Dental** **Does not need** **Please check teeth**



ANIMAL CARE CENTER FINANCIAL POLICY

1. Payment is due when services are rendered at the conclusion of each visit.
2. A deposit in the amount of 50 % of the estimated cost of services to be performed will be required at the time pet is admitted to the hospital.
3. A deposit in the amount of 50% of the estimated cost of boarding and services to be performed will be required at the time pet is admitted to the clinic.
4. The balance of the cost of services rendered must be paid in full before the animal is discharged from the Animal Care Center.
5. Any client who is on trade will be responsible for all medicine, food and or laboratory services provided at the Animal Care Center. This portion is not covered under Trade and can be paid by cash or any major credit card. The portion of the bill is 70 % trade and 30 % cash.
6. Failure to pay bills promptly will result in full collection efforts being taken and I will be responsible for all collection costs including, but not limited to, court costs, serving by private processor or sheriff, interest billing fee of \$5.00 per month. Those to which this applies includes:
 - Receipt of client checks which were returned due to lack of funds.
 - Client invoices not paid in a timely fashion (if paid at all).
 - Clients who moved subsequent to receiving our services.
 - Clients who have neglected to acknowledge their financial responsibilities.

Animal Care Center offers premium veterinary care at reasonable prices. As a result of the occurrence of the following unfortunate situations, we have found it necessary to establish and to strictly adhere to the aforementioned policies. Our failure to enforce these financial policies would most definitely result in significant increased cost of veterinary care. We sincerely hope that you understand and recognize the purpose and necessity of these policies. We are enforcing such policies in order to keep your veterinary medical expenses within reasonable limits. The place of Venue for legal actions will be Cobb County, Ga.

STATEMENT OF ACCEPTANCE

Signature _____ Date _____