

CLIENT INFORMATION

OWNER INFORMATION

Last Name: _____ First: _____
Street Address: _____
City/County: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Place of Employment: _____ Work Phone: _____
Social Security #-: _____ Drivers License #: _____
Email address: _____

SPOUSE OR CO-OWNER INFORMATION

Last Name: _____ First: _____
Street Address: _____
City/County: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Place of Employment: _____ ; _____ Work Phone: _____
Social Security #: _____ Drivers License #: _____

EMERGENCY CONTACT FOR YOUR PET

Name: _____ Relationship to you. _____
Home Phone: _____ Cell Phone: _____

PET INFORMATION

Name: _____ Species (dog, cat, etc.) _____ Breed: _____
Color _____ Sex: _____ Spayed or Neutered? _____
Who has been your pet's veterinarian? _____
When was the last time your pet has been seen? _____
Other pets you have in your home (For additional space, use the back)
Name: _____ Species/Breed: _____
Name: _____ Species/Breed: _____

PLEASE READ AND INITIAL EACH PARAGRAPH AND SIGN BELOW;

I hereby certify that I am the owner of this animal and/or I am authorized to provide for its care. I also understand that I am responsible for paying for the veterinary services rendered for this animal. My signature below signifies that the spouse or co-owner is also responsible for paying for services rendered. Payment is due at the time of service.

We accept cash, personal checks, Mastercard, Visa, and Discover Cards. _____ (your initials)

I hereby authorize the doctor and the assistants to administer treatment as is considered therapeutically, surgically and diagnostically indicated after consultation with the Doctor or their designated agents. _____ (your initials)

I agree to accept full financial responsibility for patient fees charged to my account, including collection/attorney fees in the amount of 33.3%. My account will be billed 1.5% interest per month plus a \$1.00 service fee per month for balances over 30 days old. I will receive a statement at 30 days and a final notice at 60 days _____ (your initials)

Amherst Veterinary Hospital has business and medical staffing hours Monday through Friday from 8 am to 6 pm, and Saturday from 8 am to 12 noon, Sundays and Holidays from 5 to 5:30 pm. The hospital is staffed at other times, but will not be open for regular business. This serves to inform you that we have no in-house, on-duty, continuous medical staff at times other than previously listed. _____ (your initials)

I have been given a copy of the Boarding Policy and have read the provisions. _____ (your initials)

Signature of Owner/Responsible Party

DATE