0-96 - 600

Today's Date ____ Account Number _________________________

Name ____ Spouse/Other Name ___________________________________

Street Address ____ Apt # _________________

City____ State ________________________ Zip __________________

Phone #1:____ Phone #2: ____

Employer ____ Phone ______________________________

Emergency Contact Name/Number ____

Best time to call you regarding your pet's care ____

Email ____

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We will gladly prepare an estimate upon request. We accept checks, cash VISA, MasterCard, Discover, American Express and debit cards. There will be a $25.00 service charge for any returned check. If payment is not made at the time of service, you, the client, agree to pay all costs of collection, including responsible attorney fees, whether or not a lawsuit is commenced as part of the collection process.

I agree to these terms of treatment and payment. I understand that I am responsible for the payment of services rendered.

How do you intend to pay today? Please chose one:

CASH _______ CHECK _______ VISA _______ MASTERCARD _______ DISCOVER _______ AMEX _______ DEBIT ______

Signature of Client Responsible for Pet

____

Pet’s Name	Male/Female	Spayed/Neutere d	Dog/Cat	Breed	Age	Color
		Y N				
		Y N				
		Y N				
		Y N				