

CHURCHLAND ANIMAL CLINIC WELCOME TO OUR PRACTICE!!

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. **PLEASE PRINT IN ALL SPACES.**

OWNER'S NAME: _____ SPOUSE/OTHER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ WORK: _____

SPOUSE/OTHER CELL: _____ WORK: _____

DRIVER'S LICENSE #: _____ STATE: _____ EXPIRATION: _____

WE NEED YOUR E-MAIL ADDRESS! By providing us with your e-mail address, we will be able to send you appointment reminders, vaccine reminders, and you will be able to access your pet's medical records 24 hours a day. You will also be able to print a wallet card with your pet's vaccine information to use when you are traveling, taking your pet to the groomer or boarding your pet. This service is complimentary by providing us your e-mail address. You will also be able to receive special coupons and promotions! We will not sell your information or SPAM you.

E-mail address: _____

HOW DID YOU HEAR ABOUT US: Yellow Pages Sign Recommendation Other: _____

IF RECOMMENDED, WHO CAN WE THANK? _____

PLEASE LIST ALL INDIVIDUALS AUTHORIZED TO REQUEST TREATMENT FOR YOUR PET(S):

1) _____ 2) _____ 3) _____ 4) _____

PET HEALTH HISTORY:

| Pet's Name | Cat | Dog | Other | Birthdate | F/M | S/N | Breed | Color |
|------------|-----|-----|-------|-----------|-----|-----|-------|-------|
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Previous Veterinarian: _____

I hereby authorize the veterinarians at Churchland Animal Clinic to examine, prescribe for, and treat the above described pet(s). Any animal admitted or hospitalized shall receive the necessary diagnostic tests and treatment to ensure proper medical care. I agree to pay for all services rendered and medications, goods, and supplies when purchased. I understand that a deposit may be required for surgical or medical treatment. All accounts not paid within 30 days will be subject to a late charge of 1 1/2% per month (18% per annum) on the unpaid balance and billing charges in the amount of \$3.00 per month. In the event of default, the undersigned further agrees to pay any or all collection agency, court cost and attorney fees in the amount of 33 1/3% of the total due when turned over for collection. These fees are due without any relief whatever from valuation or appraisal laws. This contract extends to all additional pets brought in at a later date. **ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** A \$35.00 charge is made for all returned checks.

I understand the doctor hours are from 8am – 12pm and 2pm – 7pm Monday through Thursday, 8am – 12pm and 2pm – 6pm on Friday, and 8am – 2pm on Saturday. I understand that at all other hours there may not be a veterinarian providing continuous care. By my signature below, I hereby agree to all of the above and acknowledge the receipt of a copy of this agreement (upon request).

Signature of Owner or Agent: _____ Date: _____