

CLIENT INFORMATION

Name (First, Middle initial, Last) _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Email address _____ May we send reminders and other pertinent information to your email address? Yes No

Place of Employment _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Co-owner's Name (First, Middle initial, Last)

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Email address _____

Place of Employment _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Payment Policy

Payment is required for all services rendered at the time of your visit. We accept Visa, MasterCard, and personal checks. A deposit may be required for extensive medical and surgical hospitalization and treatment of your cat.

Estimates

We will gladly prepare an estimate of charges for you upon request. Please ask the technician or the doctor.

Financial Responsibility Agreement

I understand that if this balance is not paid in a timely fashion, I will be responsible for the balance plus 1.5% interest per month, and any collection and/or attorney fees incurred while attempting to collect this balance.

Print _____ **Signature** _____

Date _____