

ACRES NORTH ANIMAL HOSPITAL

PLEASE PRINT AND FILL OUT COMPLETELY ! IT IS IMPORTANT TO YOUR PET'S HEALTH.

OWNER INFORMATION

Name _____ Spouse/Other _____ Home Phone _____

Address _____ City, State _____ Zip _____

Business Name (if self-employed) _____ Work Phone _____

or Employer _____ Work Phone _____

Spouse Employer _____ Phone _____

Driver License # _____ Social Security _____

Best time and place to reach you during the day: _____ evening: _____

E-mail address _____

PET HEALTH INFORMATION

	Pet #1		Pet #2		Pet #3	
	male	dog	male	dog	male	dog
	female	cat	female	cat	female	cat
pet's name						
breed						
date of birth						
color						
spayed or neutered? yes/no						
vaccinations (date, please)						
clinic name						
special diets or medication?						
any illness / surgeries?						

HELPFUL INFORMATION

How did you become aware of our clinic? Dr. Referral Personal Recommendation Sign Yellow Pages Other _____

If referral, by whom? Name _____ If Dr., clinic name & phone _____

Things you want us to know about your pet: _____

We accept the following methods of payment:

CASH CHECK VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARE CREDIT – our monthly payment plan, subject to application and approval BEFORE services are rendered
A four-dollar billing charge will be added to your account on the 25th of every month if there is an outstanding balance. If your account becomes delinquent and is sent to a collection agency, the agency's fees, up to 50% of the unpaid balance, will be added to your total amount due.

I authorize Acres North Animal Hospital (ANAH), its doctors and staff, to treat my pet(s), as they deem appropriate while under their care. I further agree not to hold ANAH, its doctors and staff, liable for any and all damages arising from such procedures or treatments except in the case of negligence. I authorize ANAH, its doctors and staff, to acquire any medial or vaccination records from previous veterinarian(s) and/or send copies of any medical or vaccination records to any veterinarian and/or grooming/boarding facility as requested. I further agree to pay for all services in full at the time they are performed. I understand that no guarantee or warranty can ethically or professionally be made by ANAH with regards to results or a cure for any procedures or treatments performed.

Signature _____ Date _____