



Today's Date _____

1. Owner Information

Owner Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Home or Cell (circle one)

Alternate Phone _____ Home or Cell (circle one)

E-mail Address _____

Client Employer _____ Phone _____

Spouse's Employer _____ Phone _____

2. Pet Information

What pets reside in your household?

Name _____ Species _____ Approx. Age _____

Name _____ Species _____ Approx. Age _____

Name _____ Species _____ Approx. Age _____

**Use reverse to list any others.*

3. Payment Information

Do you have pet health insurance? Yes No

How did you hear about us? Internet Outlook Magazine Pets for Patriots

Hospital Sign Previously a Client Yellow Pages

Other _____

Friend/Relative: Whom may we thank? _____

Preferred Payment Method Cash Check Credit Card Care Credit

Driver's License No.* _____ **Required for check writing privileges.*

Payment is expected in full when services are rendered. Accepted methods of payment are cash, checks, MasterCard, Visa, Discover, American Express, and Care Credit. Payment plans are not available. There will be a \$35 fee for any returned checks and a 1.5% finance charge per month (18% APR) on all outstanding balances. Should your account be placed for outside collections, you will be charged reasonable collection costs which may include, but are not limited to, collection agency fees, court costs, attorney fees, etc. Missed appointments without prior notification may be subject to a \$63 missed appointment fee.

By signing below, I also grant Bay Country Veterinary Hospital permission to use my pet's picture and name on social media. Initial to Decline _____

Signature of Pet Owner

Date