

## Client Information

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>SPOUSE'S NAME</b>
<b>HOME ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>PRIMARY CONTACT NUMBER (Home or cell)</b>		
<b>SECONDARY CONTACT NUMBER (cell, work or spouse's number)</b>		
<b>EMAIL ADDRESS</b>		
Who can we thank for referring you to us? _____ Would you like us to send you a reminder when your pet's vaccines are due? Yes ___ No ___		

## Patient Information

<b>PET'S NAME</b>	<b>DATE OF BIRTH (or approximate age)</b>	<b>DOG</b> ___ <b>CAT</b> ___
<b>BREED</b>	<b>COLORS/ MARKINGS</b>	
<b>MALE</b> ___ <b>NEUTERED MALE</b> ___	<b>FEMALE</b> ___ <b>SPAYED FEMALE</b> ___	<b>MICROCHIPPED?</b> Yes ___ No ___ If yes, # _____
<b>Has your pet had any recent vaccinations? If so when, where?</b> _____		

**Financial Policy:** All About Pets Hospital requires payment in full for professional services rendered at the time of discharge from the hospital unless arrangement have been made in advance for payment.

**Terms:** Not 30 days from the date of the invoice unless otherwise indicated.

A finance charge of 1 1/2% per month (APR 18%) of the unpaid balance will be added monthly. Should collection become necessary, the responsible party agrees to pay an additional 40% collection fee, and all legal fees of collection, with or without suit, including attorney fees and court costs.

**As legal owner or responsible agent of the above animal(s), I certify that I have read and agree to the above financial policy. I hereby assume financial responsibility for all services rendered.**

\_\_\_\_\_  
 Signature of Owner or Agent

\_\_\_\_\_  
 Date