



Welcome to *Mile Creek Animal Hospital*

Client Information

Your Name _____ Spouse's Name _____
 Address _____ City _____ State _____ Zip _____
 Preferred Phone _____ 2nd Phone _____
 Email Address _____
 Employer _____
 Spouse's Phone _____ Alternate Contact for emergencies _____

Whom may we thank for referring you or How did you find us? _____

I give my Consent for media display of my pets Digital Screen/Facebook/Website _____ Please Initial.

Pet Information - please list all pets in household

Pet #1: Pet's Name _____ Dog Cat Other _____

Birthdate _____ Sex: Male Female Spayed Neutered

Color _____ Breed _____

Any other information we should know about this pet? (i.e. ongoing medical issues, allergies, temperament problems) _____

Pet #2: Pet's Name _____ Dog Cat Other _____

Birthdate _____ Sex: Male Female Spayed Neutered

Color _____ Breed _____

Any other information we should know about this pet? (i.e. ongoing medical issues, allergies, temperament problems) _____

Pet #3: Pet's Name _____ Dog Cat Other _____

Birthdate _____ Sex: Male Female Spayed Neutered

Color _____ Breed _____

Any other information we should know about this pet? (i.e. ongoing medical issues, allergies, temperament problems) _____

HOSPITAL POLICIES

We routinely prepare a written estimate. All professional fees are due at the time services are rendered. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge we accept Visa, MasterCard, AM and Discover. **Please note that a \$5.00 billing fee or 1.5% interest will be assessed monthly to any unpaid balances. There will be a service charge of \$30.00 and loss of check writing privileges for any check returned unpaid. There is a \$5.00 processing fee for credit card transactions less than \$15.00. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges must be paid at the time of release and that a deposit may be required for treatment.

We do require 24 hour notice for cancellations of any appointments including boarding reservations. We may assess a \$25 charge for any cancellations with less than a 24 hour notice.

Client Signature: _____ Date: _____

6/22/2020