



# Welcome!

Thank you for giving us the opportunity to care for your pet.

Owner \_\_\_\_\_ Spouse/Other contact \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

If you would like to receive reminders for vaccines and appointments via email?

Email address: \_\_\_\_\_

How did you learn of our hospital?  Yellow Pages/Internet  Recommendation

If recommended, who may we thank? \_\_\_\_\_

*This information will be held confidential and is not a requirement on this form. However, it is for your convenience to fill out the information below. **There is a \$35.00 fee for any check that has been returned from the bank.***

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

## Authorization & Additional Charges

I hereby authorize the veterinarian to examine, prescribe for, or medically treat my pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of service and the following fees will apply:

*Missed or Cancelled Appointment: \$20. (without 24 hour notice)*

*Missed Surgery: \$50. (without 24 hour notice)*

*Returned Check: \$35. Per check*

*Late Appointment: \$15. (when applicable)*

*Monthly Statement: 1.75% of total balance*

*I also agree to reimburse the fees for any collection agency, based on a percentage max of 40% of the debt, and all cost, expenses & attorney fees uncured in collection efforts*

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

## Photo Release

Occasionally we will photograph our patients for educational and advertising purposes. All owner information will be kept confidential. I give Forrest Avenue Animal Hospital permission to use these photographs for these purposes.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_