

Dalton Animal Care North / Kitty Korner

2685 Cleveland Hwy Dalton, Ga. 30721 // Phone 706-281-4770 // Fax 706-281-4772

Thank you for giving Dalton Animal Care the opportunity to care for your pet(s). All items with * must be completed. Please sign and date the front and back.

Owner Information:

*Last Name: _____ *First Name: _____ *Birth date: _____ *Last 4 of social: _____

Co-owner Info: Last Name: _____ First Name: _____ Birth date: _____ Last 4 of social: _____

*Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ *Email: _____ D.L.# : _____ State Issued: _____

*Cell: _____ (DAC may text me regarding my pets. Yes ___ OR No ___ ; if yes, my carrier is _____)

*Place of Employment: _____ *Work Phone: _____ EXT: _____

Co-owner Employer: _____ Co-owner Work #: _____ Co-owner Email: _____

Co-owner Cell: _____ (DAC may text me regarding my pets. Yes ___ / No ___ ; if yes, my carrier is _____)

Pet(s) Information:

*I consent to DAC using my pet's image, general and medical information on social media. Initial _____

Pet Name: _____ Pet Name: _____ Pet Name: _____

Breed: _____ Breed: _____ Breed: _____

Color: _____ Color: _____ Color: _____

Date of Birth _____ Date of Birth _____ Date of Birth _____

<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered	<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered	<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male

Payment Information:

Payment is due when services are provided. How will you pay for today's visit?

Cash Credit Card Check // Initial _____

I understand all medical procedures, including vaccinations, have some inherent risk. If you have any questions or concerns about procedures and/or vaccinations, please discuss them with the doctor. Note: We have trained staff to hold your pet during exam or treatment. If you elect to restrain your pet during exam/treatment, please understand we can not be responsible for any injury incurred to you or your pet. Initial to indicate you agree to these terms. _____

Signature of Owner _____ Date _____

DAC Office Use Only: Client Number _____ Receptionist _____

Dalton Animal Care North / Kitty Korner

2685 Cleveland Hwy Dalton, Ga. 30721 // Phone 706-281-4770 // Fax 706-281-4772

Financial Policy

Thank You for choosing Dalton Animal Care. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Dalton Animal Care North and Kitty Korner require payment in full at the end of your pet’s examination and/or treatment at the time of discharge.

Initial _____

Payment Options:

You can choose from:

- Cash, Check, Visa®, Mastercard®, American Express®, or Discover Card®
- Convenient Monthly Payment Plans from CareCredit®
 - Allow you to begin treatment today and pay over time
 - Available for any treatment amount
 - Can be used repeatedly - for your entire family - without having to reapply

Deposit and Billing:

For some treatments and hospitalized care, minimum prepayment amounts are required, ranging from 50% of treatment care plan to \$400.00 to admit a patient that is positive for parvo. We charge 1.5% interest or \$5.00 per month on accounts with outstanding balances older than 30 days. If you have an account 90 days past due, Dalton Animal Care may relinquish your balance owed to an outside collection agency. If needed collection costs and court fees will be added.

Initial _____

Additional Policy Information:

Dalton Animal Care charges \$35.00 for returned checks. **Initial** _____

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

Signature of Owner _____ Date _____

Signature of Co-Owner _____ Date _____