

ANIMAL CLINIC OF OXFORD

Client # _____ Date _____

Owner Name _____ Spouse: _____

Address _____

E-Mail Address _____ Cell # _____

Home # _____ Work # _____ Spouse #: _____

SS# _____ DL # _____ State _____ DOB ____/____/____

Alternate Contact & Phone#: _____ Relation: _____

WE DO NOT CARRY OPEN ACCOUNTS. PLEASE CHOOSE YOUR METHOD OF PAYMENT.

Please Circle Payment Method: Cash, Check, Care Credit, Debit Card, Credit Card (AmEx, Visa, Mastercard, Discover)

- Client agrees to pay any costs and attorney's fees necessary for the collection of any amount not paid when due.
- Full payment is required at the time of service. Deposits are required on major medical/surgical cases, trauma cases and hospitalization. We offer Care Credit as methods of making payments. Please ask about these options before services are provided.
- We will ask to see your driver's license when a check is written. This hospital works in conjunction with the County Attorney's office in reporting all bad check writers. We also use NexCheck in collecting returned check. Their fee is \$40

Signature of financially responsible _____ **Print Name** _____

Animal's Name _____ Species: K9 Fel Male _____ Neutered ____/____/____
Female _____ Spayed ____/____/____

Breed _____ Birthdate ____/____/____ Flea/Tick _____

Color/Markings _____ Heartworm _____

Previous Vaccs/Vet Clinic _____