

SANDY ANIMAL CLINIC



NEW PATIENT INFORMATION

Owner's Name (18 or older) _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell (1) _____ Cell (2) _____

Email Address _____

(For vaccine reminders & special offers from Sandy Animal Clinic)

Employer _____ Occupation _____

Address _____ Phone _____

Pet's Name _____ Breed _____

Age _____ Birth Date (Mo. / Yr.) _____ Color _____

Species: Dog Cat Other _____ M Neutered / F Spayed

Has your pet received vaccinations in the last year? Yes No

If yes, where were the vaccines given? _____

How did you hear about us? _____

In case of an emergency, please give the name of a close relative or friend

Name _____ Address _____ Phone _____

FINANCIAL POLICY - WE NO LONGER ACCEPT CHECKS

*In order to control hospital costs for services, we request that our charges for office visits and treatments be paid at the time of service, unless prior arrangements have been made with our Business Manager. In the event payment under this agreement is not made at the time and in the manner required, the undersigned agrees to pay all costs of collection, including attorney fees, court costs, filing fees, and charges or commissions, up to 40%, that may be assessed to us by a collection agency, or attorney retained to pursue this matter, with or without suit. There will be a fee of \$25.00 for returned checks. I also hereby agree to pay a finance charge of 1.5% per month (18% per year) on the unpaid balance. **Failure to provide 24 hour notice of a missed appointment will result in a \$25 service fee.***

Signed _____ Date _____