

# 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 \_\_\_\_\_

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Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_

Age \_\_\_\_\_ Birth Date (Mo. / Yr.) \_\_\_\_\_ Color \_\_\_\_\_

Species: Dog  Cat  Other \_\_\_\_\_ M  Neutered  / F  Spayed

Previous Health Concerns? \_\_\_\_\_

Previous Veterinary Clinic & Phone number? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

*(If you provide a name we can give client referral credit)*

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

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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### FINANCIAL POLICY

**We Accept: Visa, Mastercard, Amex, Discover, Care Credit or Cash**

*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***

### ELECTRONIC SIGNATURE

*By checking this box and typing my name below, I authorize the use of my electronic signature, confirming I have the legal authority to consent to my pet's care and accept financial responsibility*

Signature \_\_\_\_\_ Date \_\_\_\_\_