



Twin Oaks Veterinary Clinic

5365 N. Highway 14

Landrum, SC 29356

864-895-8091

Welcome To Our Practice

Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:

Name: Dr. Mr. Mrs. Ms. _____ **Spouse** _____

Address: _____ **P.O. Box** _____

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

Phone Number: Home: _____ Spouse: _____

Work: _____ Spouse: _____

Cell: _____ Spouse: _____

Email Address: _____

Emergency Contact (other than yourselves): _____

Relationship: _____ **Phone Number:** _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

We do NOT accept checks!

Finance charges are applied to unpaid balances over 30 days at the rate of 2.5% per month which is an annual percentage rate of 30%. This includes any or all collection agency fees, court costs, or attorney fees necessary to collect the full amount due to Twin Oaks Veterinary Clinic.

I understand that all personal information will remain confidential. Your personal information along with your pet's information is for the use of Twin Oaks Veterinary Clinic unless you personally agree to release.

I do do not grant Twin Oaks Veterinary Clinic permission to post my pet's picture, story and medical information on social media (no personal information will be shared, ever).

Date: _____ **Signature:** _____