

# Animal Care Center

*When your pet deserves the very best*



## CLIENT INFORMATION

CLIENT NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MI

ADDRESS: \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP

PHONE NUMBER: \_\_\_\_\_  
HOME WORK CELL

EMAIL: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

SPOUSE NAME (IF APPLICABLE): \_\_\_\_\_

\*\*REFERRED BY: \_\_\_\_\_

I understand that I will be legally responsible for all emergency procedures including the estimate of charges provided to me in person or over the telephone.

I also understand that professional **fees are to be paid at the time services are rendered** and a deposit may be required on all pets admitted to the hospital. In addition to any outstanding amount, a late fee of 1% monthly on all unpaid balances, plus cost of collections, including reasonable attorney fees, court costs, and collection fees, may incur in recovering the amount owed.

**ALL SERVICES WILL BE PAID BY**

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> Check       | <input type="checkbox"/> Cash       |

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_