

Welcome To Our Practice

Owner's Name _____ Spouse/Other _____

Address _____ City _____

State _____ Zip Code _____ E-mail _____

Home Phone _____ Cell Phone _____

Employer's Name _____ Phone _____

Spouse's Employer's Name _____ Phone _____

Should an emergency arise and we are unable to contact you, please list a relative or close friend not living with you that we may contact.

Name _____ Relationship _____

Address _____ Phone _____

I hereby consent and authorize Acredale Animal Hospital to receive, prescribe for, treat or operate on

Pet's Name: _____

PROFESSIONAL SERVICES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED. We are required to have the following information on file. (Complete at least two)

Social Security No. _____ Spouse's _____

Driver's License No./ State _____

DUE TO PAST ABUSE OF CREDIT, we do not carry accounts and reserve the right to hold your pet until all fees are paid. A finance charge of 1 ½% per month will be added to all accounts over 30 days. Minimum monthly charge--\$2.00. I accept responsibility for payment of all charges incurred as well as attorney's fees and other related costs of collections should such actions become necessary.

How did you first hear about our hospital? _____

Please indicate that you have read and understand the above information, and that the information is correct.

Signed _____ Date _____