

Acredale Animal Hospital

Welcome To Our Practice



Last, First Name _____ Spouse/Other _____

Address: _____ City _____

State: _____ Zip Code: _____ E-mail _____

Primary Phone #: _____ Cell Phone #: _____

Spouse's Phone #: _____

Employer's Name: _____ Phone #: _____

Spouse/Other's Employer's Name: _____ Phone #: _____

*Should an emergency arise and we are unable to contact you, please list a relative or close friend that is **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, and/or operate on:

Pet's Name(s): _____

*Professional Services are to be paid at time services are rendered. A driver's license number or social security number is required to be on file for **check payments only**.*

Circle one: Driver's License Social Security Number

Number: _____

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 all responsibility for payment of all charges incurred as well as attorney's fees and other related costs of collections should such actions become necessary.

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

Signed: _____ Date: _____