

# 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 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.

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 \_\_\_\_\_