

VETERINARY OFFICE FINANCIAL POLICY

Full payment is required at the time of service unless arrangements are made with the Doctor or the Office Manager. Without a verifiable social security number, we will not be able to offer any type of payment arrangements.

I understand that if payment arrangements are made, there will be a 1.5% monthly interest fee for this courtesy.

By signing this form, you acknowledge your responsibility.

Name (Print) _____

Signature _____

Social Security # _____

Drivers License # _____

Date _____

PATIENT REGISTRATION FORM

Owner's Name _____ Spouse Name _____

Address _____
Street City State Zip

Home Phone _____ Work Phone _____

Employer's Name _____

Employer's Address _____

Spouse's Employer's Name and Address _____

Spouse's Employer's Phone No. _____

Pet's Name _____ Pet's Date of Birth (Age) _____

Dog Cat Other _____

Sex: Male Female Neutered Spayed

Breed _____ Color _____

Reason for Visit _____

Previous Veterinarian(s) where records could be obtained if necessary: _____

List all chronic problems and types of medication and dosage your pet is taking: _____

How did you first hear of us?: Yellow Pages Drive By Saw Sign
 Live Nearby Direct Mail Other _____

Individual we may thank:
Name _____

Address _____

VACCINES:

	Date		Date
Dog DHLPP (Parvo, Distemper)	_____	Feline FVRCP (Distemper)	_____
Rabies 1 or 3 year	_____	Rabies 1 or 3 year	_____
Corona	_____	Feleuk	_____
Bordetella	_____	FIP	_____
Lyme Disease	_____		
Is your dog on a heartworm Preventive?	_____		

How do you plan to pay for your visit?

Check Cash Credit Card

PLEASE COMPLETE BOTH SIDES OF FORM.