

PET INFORMATION

#1 Pet's Name: _____ Date of Birth: _____

Species: _____ Breed: _____ Color _____

Male: _____ Neutered: _____ Female: _____ Spayed: _____

#2 Pet's Name: _____ Date of Birth: _____

Species: _____ Breed: _____ Color _____

Male: _____ Neutered: _____ Female: _____ Spayed: _____

Previous Veterinarian(s): _____

Pertinent Medical History: _____

FINANCIAL CONTRACT

I assume responsibility for all charges incurred in the care of this or any animal that I own. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment or hospitalization. Any products, medications, food, etc., will be paid for in full upon time of purchase. I also understand that unpaid balances will incur billing and finance charges after 30 days by a periodic rate of 1% per month, with a minimum charge of \$4.00. I understand that I will also be responsible for any missed fees that may be invoiced after the time of release.

If you pay by check, a valid driver's license or picture identification is required. We also accept Mastercard and Visa.

My signature below indicates that I have read, understand and have agreed to the above financial contract.

Signature:

Owner or Responsible Party: _____ Date: _____

