

CLIENT# _____
 STAFF _____
 OFFICE USE



NEW CLIENT INFORMATION FORM Date: _____

Thank you for selecting All Animals Vet Clinic for your pet's/livestock health care needs. Please help us create an accurate record for you and your pet by completing the following information:

Last Name: _____ First Name: _____ Spouse: _____

Mailing Address: _____

City, State: _____ Zip Code: _____ E-mail Address: _____

Cell Contact: (____) -- _____ -- _____ Alternate Contact: (____) -- _____ -- _____

A complete file includes the following information. Please provide us with this so that We will be able to meet all payment requirements at the time services are rendered.

Driver License Number: State _____ # _____

Spouse's License Number: State _____ # _____

Place of Employment: _____

Occupation: _____ Work Phone: (____) _____ - _____

Employer of Spouse: _____

Occupation: _____ Work Phone: (____) _____ - _____

Pet Information:

1. Pet's Name: _____ Species: _____ Breed: _____

Sex: M or F Spayed/Neutered Color: _____ Date of Birth/Age: _____

Date of last Vaccinations: _____

2. Pet's Name: _____ Species: _____ Breed: _____

Sex: M or F Spayed/Neutered Color: _____ Date of Birth/Age: _____

Date of last Vaccinations: _____

Do we have permission to use your pet's picture(s) for learning and/or Social Media purposes? YES NO

Do you have Pet Insurance for any of the pets listed? Yes No List: _____

How did you choose All Animals Vet Clinic?

- | | |
|-----------------------|-------------------------|
| ___ Referred by _____ | ___ Returning Client |
| ___ Employee _____ | ___ Internet Site _____ |
| ___ Location | ___ Other _____ |

Professional fees are to be paid at the time services are rendered. We do not carry open accounts and hope that these alternatives are convenient to you:

Cash, Check, Mastercard, VISA, American Express, and Discover card.

We can provide you with a written estimate of fees for any case where in-hospital treatment, emergency care, surgery or hospitalization occurs. A deposit prior to treatment may be required.

Owner Signature (18 +years of age)

Printed Name

Date

Financial Policy

Thank you for choosing All Animals Veterinary Clinic. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. All Animals veterinary Clinic requires payment in full at the end of your pet's examination and/or at the time of discharge. All Animals Veterinary Clinic does not offer any type of payment plan.

Payment Options

You can choose from:

- ✓ Cash, Check, Debit, Visa ©, Master Card ©, American Express ©, or Discover ©

For some treatment or hospitalization, a deposit may be required. Healthcare plans requiring comprehensive care of more than \$500 will require a 50% deposit to begin your pet's treatment.

Additional Policy Information

All Animals Veterinary Clinic Inc. charges for a returned check.

For clients with Pet Insurance we are happy to provide the necessary documentation to submit a claim to your insurance carrier.

Any balance left unpaid will incur an 8% interest charge after 30 days.

Client agrees to reimburse All Animals Veterinary Clinic Inc. for all costs and expenses (including, without limitation, reasonable legal fees and court costs) incurred by All Animals Veterinary Clinic in enforcing collection of any monies due under this arrangement. Further, All Animals Veterinary Clinic reserves the right to enforce a thirty (30%) percent upcharge on all invoices sent to collections.

By signing below, you agree to the foregoing terms of payment.

Anyone sent in your place is authorized to approve treatment deemed necessary.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

Client/Owner's Signature

Date

Client/Owner's Name (Please Print)

Date