



Arch Creek Animal Clinic Patient and Client Information Sheet

Thank you for giving our clinic the opportunity to care for your pet. So that we may better meet your needs, please completely fill out the information sheet.

(PLEASE PRINT LEGIBLY)

Client Information _____

OWNER(S) NAME _____

HOME ADDRESS _____
(STREET) (CITY/STATE) (ZIP CODE)

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

PLACE OF EMPLOYMENT _____

WORK ADDRESS _____

EMAIL ADDRESS _____

IN CASE OF EMERGENCY, NAME OF AUTHORIZED PERSON TO ACT ON YOUR BEHALF:
NAME/CONTACT NUMBER _____

Patient Information _____

Pet Name			
Species(cat/dog/other)			
Breed(Doberman/Siamese)			
Description(color/markings)			
Sex(Male/Female)			
Age(Months/Years)			
Altered/Spayed?			
Microchip number			
Are you a Pet Assure participant?			
Do you have Pet Health Insurance? Which company?			
If not, would you like information and a free 30 day trial?			

Have your pets been to a vet before? YES NO
Date of last visit _____
Name of clinic/doctor _____
Was there a reason for changing? _____

Pets cannot talk for themselves; therefore, good client/doctor communication is essential. Feel free to ask us any questions. Please do not underestimate the possible importance of any odd behavior or occurrences to your pet's health, ask the doctor! We welcome your enthusiasm in caring for your pet. Thank you.

How did you become aware of us? () BNI () Google () Saw clinic sign () YELP
() Referred by another veterinarian (which clinic or doctor) _____
() Personal recommendation (Whom may we thank?) _____
() Other _____

Arch Creek Animal Clinic

FINANCIAL POLICY

Unlike human hospitals, the facilities we provide are entirely due to private enterprise and the investment of our veterinarians. Our goal is to provide pet owners with the most advanced medical care available. The fee structure for services rendered is based on the financial demands of maintaining a professional staff and modern equipment. We have no desire to extend anyone beyond their means or intentions. Communication regarding finances is extremely important. In-house financing is available with a valid checking account and debit card. Upon request, a treatment plan and the fees associated can be presented before any treatment or surgery is performed. If your pet's condition changes, the treatment plan may need to be revised.

All fees are payable at the time of the visit.

PLEASE INDICATE YOUR CHOICE OF PAYMENT METHOD:

IN-HOUSE FINANCING CASH PERSONAL CHECK MASTERCARD

VISA AMERICAN EXPRESS DISCOVER CARE CREDIT

Submission of checks for payment grants the authorization to convert the check to an electronic transaction. In-house financing requires a \$35.00 application fee with approval. Sorry, we do not carry open accounts and hope these alternatives are convenient for you.

I assume financial responsibility for all charges incurred to patient. I agree to pay all costs of collection and reasonable attorney fees in the event of a non-payment or returned check.

I understand that in the event of an animal that is not claimed by owner/agent within ten (10) days, it will be considered abandoned and legal disposal of the animal will ensue.

To prevent the spread of infectious diseases and parasites, hospitalized or boarded animals must be current on all vaccines and be free of internal and external parasites. I authorize Arch Creek Animal Clinic to provide vaccines and parasite control when needed.

Signature of owner or authorized representative

Date

Thank you for bringing your pet to our clinic. We hope you are pleased with our services and facilities, and would appreciate your letting us know how we might improve them.

Driver's License #
State
B/Date
County