

St. Francis Pet Hospital, L.L.C.

PET INFORMATION

Pet's name: _____ Sex: Male Female Neutered or spayed?: Yes No

Species: Dog Cat Other _____

Pet's Date of Birth _____ Exactly Approximately Breed: _____ Color: _____

We would be happy to see your other pets too!

CLIENT INFORMATION

First name: _____ Last name: _____

Date of Birth: _____ Social Security: _____

Spouse/Partner - First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Spouse Phone: (____) _____ Work Phone: (____) _____

E-mail address: _____ Spouse/Partner Social Security # _____

How will you be paying today?

Cash

Check

Credit/Debit card

Care Credit card

FINANCIAL POLICY

Payment is due at the time of service. We accept cash, check, credit/debit card, and Care Credit. A service charge of 2.5% will be charged to your account for every 30 days that your account is delinquent. The minimum monthly service charge is \$4.00.

NO SHOW POLICY

After your 2nd no-call/no-show for a non-surgical appointment, you will be charged a fee of \$59.00 for every no-call/no-show thereafter.

For every no-call/no-show for a surgical or sedation appointment, you will be charged a fee of \$88.50.

I verify that all the information provided is accurate, and agree to the payment terms stated. Should the account be referred for collection, I shall be responsible for attorney's fees, court costs, and collection expenses. All delinquent accounts may bear witness at the legal rate.

Signed: _____

Date: _____

Printed Name: _____

Spouse/Partner Signed: _____

Date: _____

Spouse/Partner Printed Name: _____

THANK YOU!