



## New Client/Pet Information

### Owner Information

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Co-Owner \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email address \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_  
How did you hear about our clinic? \_\_\_\_\_  
Previous veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

#### **Pet #1**

Name: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_  
**Dog / Cat** (circle one)    **Male / Female** (circle one)    **Neutered/Spayed/Intact** (circle one)  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_

#### **Pet #2**

Name: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_  
**Dog / Cat** (circle one)    **Male / Female** (circle one)    **Neutered/Spayed/Intact** (circle one)  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_

### **\*\* PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED \*\***

If failure to provide payment at the time of service, we will be required to house your pet at our facility. If payment is not made 3 days from initial appointment, we will be required to surrender your pet to Animal Care and Protective Services and report negligence. All overdue balances will require a Driver's License to be kept on file.

A fee equal to examination cost will be charged to your account if appointment is not appropriately rescheduled or canceled 24 hours prior to scheduled appointment time.

All outside prescriptions will be subject to a fee.

At your request, we are able to keep a credit card on file for your account.

We accept Cash, Visa, MasterCard, Discover, American Express, Care Credit, and Scratch Pay.

A late fee may apply if you are over 15 minutes late to your scheduled appointment.

I, the undersigned owner or authorized agent of the above admitted patient(s), hereby authorize the doctors of Towne Center Animal Hospital to administer such treatment as is necessary and to perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I also assume financial responsibility for all charges incurred, and agree to pay all such charges at the time of release. At my request Towne Center Animal Hospital will gladly discuss cost of services and/or prepare a written estimate of recommended procedures/treatments. Deposits may be required for pets being admitted into the hospital.

\_\_\_\_\_  
Signature of owner/agent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date