

COMPANION CARE VETERINARY HOSPITAL

WELCOME TO OUR PRACTICE!

Welcome to Companion Care Veterinary Hospital. Our staff is dedicated to the optimum in patient care and will do its utmost to make your pet's stay pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. To help us serve you better, please provide us with the following information.

Client Information

Name: _____ Spouse's Name _____
P.O. Box _____ City _____ State _____ Zip _____
Physical Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____ Email Address _____
Driver's License # _____

Companion Care's Pet Portal!

By giving us your e-mail address, you will be activating your FREE Pet Portal today! You will be able to use our website to check your pet's vaccination status, learn more about our recommendations, ask us non-urgent questions, request appointments, medication and food refills from us online and more! Be confident that we will keep your e-mail address private. You will receive an e-mail from us with your login and password information for your Pet Portal! You will also be able to shop our on-line pharmacy allowing you to purchase food and medications right from your home or office and delivered to your home.

How did you choose our practice? (Circle one)

Website ___ Facebook ___ Location ___ Personal Referral _____ Other _____

Previous Veterinarian: _____

Patient (Pet) Information

Pet's Name	Cat	Dog	Birthdate	F/M	Neuter Y/N	Breed	Color

We would like to welcome your pet to our practice by placing your pet's picture first name only on our Facebook page. Initial to approve: _____ Initial to decline: _____

I hereby authorize the veterinarians at Companion Care Veterinary Hospital to examine, prescribe for, and treat the above described pet(s). Any animal admitted or hospitalized shall receive the necessary diagnostic tests and treatment to ensure proper medical care. I agree to pay for all services rendered and medications, goods, and supplies when purchased. I understand that a deposit of 50% will be required for surgical or medical treatment with the balance due at discharge. All accounts not paid within 30 days will be subject to a late charge of 1.5% per month (18% per annum) on the unpaid balance and billing charges in the amount of \$4.50 per month. In the event of default, the undersigned further agrees to pay any or all collection agency, court cost and attorney fees in the amount of 40% of the total due when turned over for collection. These fees are due without any relief whatever from valuation or appraisal laws. This contract extends to all additional pets brought in at a later date. ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. A \$40.00 charge is made for all returned checks. We do not accept out of state checks.

Signature of Owner or Agent: _____ Date: _____