

Welcome to Canyon Pet Hospital

Thank you for the opportunity to care for your pet!

To insure the best possible care, please take time to completely fill out our welcome form. PLEASE PRINT CLEARLY. Thank you.

Client / Owner Information - You must be 18 years of age to complete this form.

Last Name _____ First Name _____

Spouse/Co-owner (s) _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

E-Mail _____

*We E-mail you reminders for **vaccines** or **blood-work**, as well as our **monthly newsletter** and **hospital specials**.

Employer _____ Work Phone _____

Emergency Contact _____ Phone # _____

How did you hear about us?:

____Magnet ____Dex Yellow pages ____Other Phone book ____CHA ____Second Chance ____Other

*****If one of our clients referred you please let us know so we can thank them _____

<i>Pet Information</i>	<i>Pet #1</i>	<i>Pet #2</i>	<i>Pet #3</i>
Name			
Species			
Breed			
Color			
Birthdate / Age			
Gender	Male / Female	Male / Female	Male / Female
Neutered / Spayed	Yes / No	Yes / No	Yes / No

Authorization

I hereby authorize the veterinarian to examine, prescribe for and/or treat my pet(s). I understand that trained personnel will not attend to boarded or hospitalized animals beyond regular office hours.

Signature _____ **Date:** _____

I authorize the release of my phone number, name and/or vaccine information to the Humane Society, County Officials, or individuals that have identified my animal by a rabies vaccine tag & wish to contact me to return my pet.

Agree (initial here) _____ **Disagree (initial here)** _____

*******Financial Policy*******

All professional fees are due at the time that services are rendered.

While in the past we may have accepted an occasional delay, we are no longer able to keep services affordable without implementing a collection program to ensure that payments are received on time.

In the rare case of a payment plan being excepted, monthly service fees will be added to any account balance after 30 days. Unless prior arrangements have been made, all accounts more than 60 days past due will be assigned to an outside collection agency with any collection fees being added to your account balance.

A deposit will be required for extensive hospitalization or emergency procedures.

We accept cash, Visa, Mastercard, Discover, Care Credit and checks *with proper identification and Telecheck approval*. We do not accept counter or post-dated checks. There will be a **\$30.00** administration fee **for all returned checks**.

We require a valid Drivers License and Social Security number each time we accept a check. If you would like us to keep that information on file please provide the following:

Social Security # _____

Drivers License # _____ State _____ Expiration _____

I have read and understand the above Financial Policy and agree to the terms.

You must be 18 years of age to agree to our financial policy.

Signature of Responsible Party _____

Date _____