

OVER→

I have reviewed the information on this questionnaire, and it is accurate to the best of my knowledge. I understand that prior to treatment, a full explanation of the procedure(s) involved will be given by the veterinarian and/or staff in the care of my animal(s). I agree to pay for all services rendered by this office. I also understand that should my account become delinquent, my information may be released to a third party collection agency to assist with collecting fees associated with treatment rendered in this office. We will not use your information for marketing communications without your written authorization. I consent to the use of periodic appointment reminder phone calls, voice mail messages, postcards, emails or letters.

Drivers License and/or Photo ID # _____

Drivers License State _____

How will you be paying today? (Circle) Cash Credit/Debit Care Credit

Payment is due at the time of service. No billing or payment plans will be provided.

We would like to use your pet's photos in our marketing materials, such as on our website and social media! If we have your consent to do so, please indicate it below. Personal information will never be released.

Yes

No

Signature _____ Date _____