

Elkhorn Animal Hospital

New Client Information Form

Date _____ Home Phone _____ Cell Phone _____

Owner _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City) (State) (Zipcode)

Place of Employment _____ Bus. Phone _____

Spouse's Name _____ Bus. Phone _____

How did you hear about the Elkhorn Animal Hospital?

- Yellow Pages Clinic Sign Welcome Elkhorn
- Personal Recommendation – Whom may we thank? (Name) _____
- Other _____

Pet Information

1) Pet's Name _____ Breed _____ Color _____

Dog Cat Date of Birth _____

Sex: Female Spayed Female Male Neutered Male

2) Pet's Name _____ Breed _____ Color _____

Dog Cat Date of Birth _____

Sex: Female Spayed Female Male Neutered Male

3) Pet's Name _____ Breed _____ Color _____

Dog Cat Date of Birth _____

Sex: Female Spayed Female Male Neutered Male

Authorization

I am the owner or agent for the owner and hereby authorize the veterinarians to examine, prescribe for or treat the above described pet(s).

Signature of Owner/Agent: _____ Date: _____

- - Please Complete and Sign Financial Policy Below - -

Financial Policy

Thank you for choosing Elkhorn Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of our mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options.

Elkhorn Animal Hospital requires payment *in full* at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa[®], MasterCard[®], American Express[®] or Discover Card[®]
- Convenient Monthly Payment Plans¹ from CareCredit[®]
 - Allow you to begin treatment today and pay over time
 - Available for any treatment amount
 - Can be used repeatedly - for your entire family - without having to reapply¹
 - See Receptionist for additional details or application

Additional Policy Information:

A \$30 fee will be charged for all returned checks.

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

Financial Policy Acceptance

I understand that all professional fees are due at the time services are rendered. By signing below I assume responsibility for all charges incurred in the care of my animal(s).

Signature of Owner/Agent _____ Date: _____

Client/Owner Name (Please Print)

¹Subject to credit approval