*Thank You for trusting us to care for your pet. We are dedicated to maintaining the health of your pet(s) and look forward to many future years together.*

| Client Information  |
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|  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Co-Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Last First Last First*Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_Home Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spouse/Co-Owner Mobile ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Co-Owner Work ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you eligible for our Military/1st Responder discount? Please show proper ID. ⬜ Yes ⬜ NoHow did you become aware of our Practice? ⬜ Sign ⬜ Client ⬜ Internet/Website ⬜ Facebook ⬜ Other\_\_\_\_\_\_\_\_\_\_\_\_ Personal Recommendation *(Whom may we thank?)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Additional information |
| I give Spring Branch Veterinary Hospital, its representatives and employees the right to take photographs of me and/or my pet and to copy right use and publish the same in print or electronically. I agree that Spring Branch Veterinary Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes of publicity, illustration, advertising and web content. **⬜ Yes ⬜ No /s/\_\_\_\_\_\_\_initials**  We will be happy to provide a written treatment plan upon request for any case such as routine appointments and in-hospital treatments. A treatment plan will be provided for cases requiring emergency care, surgery or hospitalization. For some treatments or hospitalized care, a deposit may be required.**I understand that all fees are due at the time services are rendered.** For your convenience we accept the following forms of payment: • Cash • Personal checks (*Driver’s License Information required)* • AmEx • VISA • M/C • Discover • CareCredit I hereby authorize Spring Branch Veterinary Hospital to release my pet’s vaccine information to the proper authorities, groomers and other veterinarian clinics/hospitals only. Any other history requested must first be approved by myself (or significant other listed above) via verbal or written consent. **. ⬜ Yes ⬜ No /s/\_\_\_\_\_\_\_initials** Any balances carried forward will be charged a monthly service charge on all accounts over 30 days in the amount of $6.80. I understand that I will be financially responsible for any services provided. I understand that I am responsible for any attorney and/or collection fees should I fail to make payments and my account is submitted for collection. A return check fee is charged for all personal checks returned by your bank. Your electronic signature constitutes your authorization and agreement to abide by the information stated above. At your request, you may sign with a paper signature in lieu of an electronic signature. |