



## WELCOME

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following.

### INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_  Cell  Home  Work

Secondary Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Spouse/Significant Other \_\_\_\_\_

Primary Phone \_\_\_\_\_  Cell  Home  Work

Secondary Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Preferred method of contact (*Check all that apply*)  Phone Call  Text  Email

How did you become aware of our clinic? \_\_\_\_\_

Personal Recommendation (*Whom may we thank?*) \_\_\_\_\_

**All Fees Are Due At The Time Services Are Rendered.** We accept Visa, MasterCard, Discover and American Express credit cards as well as cash and personal checks. Any balances carried at South Arbor Animal Hospital will be charged a monthly service charge on all accounts over 30 days equal to the greater of a minimum charge of \$5.00 or 1.50% per month which is an annual percentage rate of 18.0%.

To prevent the spread of infectious disease and parasites all in-patients, out-patients, boarders and grooming pets must be current on all vaccines and be free of parasites. I understand this to be the strict policy of the clinic and authorize the doctors to provide my pet or pets with vaccinations and parasite control as needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* PET INFO ON OTHER SIDE\***

Pet Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_  
Color \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_  
Medical Conditions/Concerns \_\_\_\_\_  
\_\_\_\_\_

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