

Southgate Animal Clinic Client & Patient Information

Thank you for giving our clinic the opportunity to care for your pet. In order to better meet your needs, please provide the following information:

Date: _____

Owner Information

Name: _____ Spouse/Co-owner: _____
Last, First, MI

Address: _____
Street City State Zip

Home Phone: _____ E-Mail: _____
Would you like reminders send by e-mail? ()

Employer: _____ Work Phone: _____

Spouse/Co-owner Employer: _____ Work Phone: _____

If you plan to pay by check provide your Driver's License Number: _____

How did you become aware of our clinic? Yellow Pages () Clinic Sign ()
Personal recommendation () who may we thank _____
Name

Medical Information

Pet's name: _____

Has your pet been to a veterinary clinic before? If so, please provide us with the clinic's name so we can get copies of the medical records. _____

Are there any specific topics you would like information about? _____

Please read carefully and sign:

Full payment is required upon rendering of services. Deposits may be required on major medical or surgical cases, trauma cases, and emergency work where hospitalization is required. We accept cash, VISA, MasterCard, Discover Card, CareCredit and local personal checks. There is a charge of \$20.00 for any check returned from your bank. We reserve the right to refuse treatment and to charge for appointments cancelled or rescheduled without 24 hours advance notice.

We offer a 10% discount on veterinary services (except those already discounted) to those persons 62 & over. If you qualify for this discount, or would like the discount when you are eligible in the future, please provide your date of birth _____.

To prevent the spread of infectious diseases and parasites, hospitalized pets must be current on all vaccines and be free of internal and external parasites. I authorize Southgate Animal Clinic to provide vaccines and/or parasite control or isolation at my expense if necessary.

Owner's Signature

Authorized Signature (if owner is under 18)