



Client Information Form (please print clearly)

Date _____

Owner's name: _____

Home Address: _____

City, Zip Code: _____

Primary Telephone Number: _____ Cell Phone: _____

E-mail Address: _____

Driver's License #: _____ Date of Birth: _____

Occupation: _____ Employer: _____

Business address: _____ City: _____ Zip: _____

Co-owner's name: _____ Relationship to Owner: _____

Co-owner's Phone Number: _____

Why did you choose our practice today?

Location Website Online search engine: _____

Recommendation Other: _____

Referred by (if a client recommended us we would like to thank them): _____

Do we have your permission to allow clinics or other individuals access to your pet's medical records? Yes or No

Client/Owner Signature _____ Date: _____

Client/Owner Name (Print) _____

How do you plan to pay today? Cash Check Debit Credit Card

Thank you for choosing Creekside Animal Hospital

Financial Policy

Thank you for choosing us to care for your loving pet. Our primary mission is to provide high quality veterinary medical care in a clean and comfortable environment for you and your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. We require 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 Plans from CareCredit[®]
 - o Allow you to begin treatment today and pay over time six months time with no interest
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹

Deposit & Billing:

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care of \$500 or more will require a 50% deposit to begin your pet's treatment. We charge interest on all outstanding account balances older than 30 days. If you have an account 90 days past due, we may relinquish your balance owed to a collection agency.

Additional Policy Information:

There is a \$25 charge for returned checks.

For clients with pet insurance, you are responsible for today's charges and we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier for reimbursement.

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

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

¹Subject to credit approval