



Heart of
Suwanee

Animal Hospital

WELCOME TO OUR PRACTICE!

Client # _____

Thank you for giving us the opportunity to care for your pet(s). Please help us to meet your needs better by taking a moment to share some important information that we will need as we support your pet's health today and in the future. (PLEASE PRINT IN ALL SPACES PROVIDED).

Your Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____

Cell Phone _____ Emergency Contact _____

Employer _____ Work Phone _____

Spouse Employer _____ Work Phone _____

It is best to reach me at _____ (time) at this phone number _____

If we need to talk to you about your pet who should we ask for? _____

Pet's Name	Dog	Cat	Other	DOB	Sex	Altered?	Breed/Color

To prevent the spread of infectious diseases, hospitalized/boarded/groomed patients must be current on all required vaccines and free from internal and external parasites, otherwise vaccines will be given, and an intestinal parasite check will be performed, at your cost. I hereby agree to the above terms set forth by the Heart of Suwanee Animal Hospital for the care of my pet(s).

We will gladly prepare a written estimate for you upon your request. This is very important to you as **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** Acceptable forms of payment are; Visa, MasterCard, American Express, Discover, cash, and personal or business check (for the full amount bearing today's date, no third party check). There is a \$42.00 service fee for all returned checks.

Carefully read and sign below:

I understand all services are to be paid at the time services are rendered. I also understand HOSAH does **NOT** have a payment plan. All unresolved accounts will be sent to collections. All accounts that are turned over to a collections agency will incur an additional 33% recovery fee. I also will be held responsible for all collections fees incurred, including court costs, attorney fees and any additional costs HOSAH has to cover.

Signature of person responsible for pet(s) _____ Date _____

Who should we thank for this referral? Bill Board on Peachtree Industrial
 Bill Board on McGinnis Ferry Coupon Marquee sign
 Client Name: _____ Other _____