



## WELCOME TO OUR PRACTICE!

Client Number \_\_\_\_\_

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 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 for you as ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICES ARE RENDERED. Acceptable forms of payment are; Visa, MasterCard, American Express, Discover, cash and personal or business checks (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 re 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 cost HOSAH has to cover.

Signature for person responsible for pet(s) \_\_\_\_\_ Date: \_\_\_\_\_

Who should we thank for this referral?  Billboard on Peachtree Industrial  Coupon  Marquee sign  
 Billboard on McGinnis Ferry  Other: \_\_\_\_\_  
 Client Name: \_\_\_\_\_