



CLIENT INFORMATION SHEET

Thank you for giving CLAIRMONT ANIMAL HOSPITAL the opportunity to care for you pet. So that we may be better acquainted, please complete the following:

PRIMARY OWNER _____
Last First MI

ADDRESS _____
Number and Street

City State Zip COUNTY

PLEASE CHECK YOUR PREFERRED METHOD OF CONTACT:

[] HOME PHONE [] CELL [] OTHER

E-MAIL ADDRESS _____

DRIVERS LICENSE # (For Checks Only) _____

EMPLOYER _____

SPOUSE / SIGNIFICANT OTHER / RELATIVE / FAMILY MEMBER (CIRCLE ONE)

Last First MI phone #

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

[] YELLOW PAGES [] HOSPITAL SIGN [] OTHER VET [] INTERNET [] OTHER

REFERRED BY FRIEND _____
Name Address

Please initial

1. I understand all services must be paid in full at the time of service and prior to surgery and diagnostic testing. We accept Cash, Check, Visa, MasterCard, Discover & American Express. Any unpaid balances that are over 90 days old will be forwarded to an outside collection agency. A \$15.00 (fifteen dollars) placement fee will be added to the balance subject to collection. Clairmont Animal Hospital does not provide financing i.e. payment plans. You may qualify for financing through Care Credit, ask our Client Service Specialist for details.

2. A service charge of \$20.00 (twenty dollars) will be applied to return checks. If you present two (2) checks that are returned to us, we will require cash for future services.

3. To avoid any misunderstandings, we advise clients to request estimates for surgeries or diagnostic testing. Our veterinarians will be happy to provide these estimates upon request. It is the pet owners responsibility to ask their veterinarian about estimates for services.

Signature _____

Date _____