Washington Park Veterinary Clinic, PC

Client Information Sheet

Thank you for choosing Washington Park Veterinary Clinic for your pet’s care. We appreciate your trust in us. Please complete the following information. All information is kept strictly confidential.

Owner’s Name: \_\_\_\_Co-Owner’s Name:

Street address: \_\_City: \_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_Zip code: Home phone number: \_\_\_\_\_\_\_\_\_\_\_\_

Work phone number: Cell phone number:

Email address: SSN Number:

Which number is best to reach you during the day? Home □ Business □ Cell □

Employer’s name and Address: \_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet’s name: Species: Breed:

Date of birth: Sex: Spayed or Neutered:

Previous veterinary records can be obtained, if necessary, at:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet been treated for any illness within the past year?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet currently on medication? If so, please list:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any other pets in your household:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for visit:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of service and that a deposit may be required for surgical treatment with the balance due at time of pet’s release from this clinic. Please review and sign the attached financial policy.

**Washington Park Veterinary Clinic, PC**

**Financial Policy**

Washington Park Veterinary Clinic, PC recognizes and values the special relationship between people and their pets. Our mission is to strengthen and protect that unique bond through extraordinary service to both our patients and our clients. Our team is dedicated to providing superior, compassionate care to our patients while striving to exceed the expectations of our clients. Receiving prompt payment for our services and products is the only way we can maintain the well-equipped, staffed and stocked facility that our patients deserve—at affordable prices.

Acceptable means of payment include:

1. Cash
2. Check (Social Security Number must be provided on the Client Information Form)
3. Visa or MasterCard
4. American Express or Discover Card
5. Pet Health Insurance (meaning that client pays at time of service and is reimbursed by the insurance carrier)
6. Care Credit Financial Services (see information below)

As a service to our clients, we are pleased to offer Care Credit. You may finance up to 100% of your veterinary costs, so your pet can receive the necessary veterinary care they need immediately. You can conveniently pay with low monthly payments and Care Credit can be used for pet supplies, ongoing or emergency treatment without having to reapply. Please contact Care Credit by telephone at 1-800-365-8295 or on-line at [www.carecredit.com](http://www.carecredit.com). Ask our staff members for an application to apply by mail.

As stated on the Client Information Form, FULL PAYMENT IS REQUIRED UPON RENDERING OUR SERVICES. We will gladly prepare a written estimate if you desire. Please ask a staff member or doctor. Deposits are required on major medical or surgical cases where hospitalization is recommended. Please acknowledge and agree that any account that becomes delinquent will be subject to collections service. I agree to pay all court costs and reasonable attorney’s fees for collection of all past due amounts owed, plus interest of 21% (twenty-one percent) per annum on all such amounts outstanding. Please sign below to confirm that you have read and understand our financial policy

Client signature: Date: