

College Animal Hospital

Additional Pet

Name: _____

Best phone number to reach you: _____

Your Pet

Name _____ Dog or Cat Age _____ Sex _____ Neutered/Spayed _____

Breed _____ Color/Markings _____

Serious Past
Illness _____

Last Vaccination Date _____ Known

Allergies _____

Additional Pet
Information _____

Payment for veterinary services and medicines are due in full before you and your animal leaves the hospital. We do not accept care credit or payment plans. If hospitalization is needed, a deposit of up to 50% of the estimate may be required. The balance will be due upon the release of the animal. A late fee of 2.0 % may be applied to any outstanding balance over 30 days. Any collection fees will be charged to your account. By my signature below, I agree to assume all financial responsibility for all charges incurred.

Please indicate your preferred method of payment:

Cash _____ Debit _____ AmEx _____ Mastercard _____ Visa _____ Discover _____

Signature _____ Date _____