



Patient File Update

To provide your pet with better health care, please take a moment to update your information as well as any additional medical history for your pet.

All about you

Name: _____

Address: _____

Best Phone to reach you: _____

About your pet

Pets Name: _____

Last vaccination date (if last ones not given here) _____

Serious past illness or allergies (if not seen by us) _____

Additional pet information (anything you would like to add to the file) _____

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.

Signature _____ Date _____