

# Animal Care Hospital

Thank you for entrusting the care of your animal(s) to ACH. So that we can better serve you please complete the following:

## CLIENT INFORMATION

YOUR NAME \_\_\_\_\_ PET NAME \_\_\_\_\_

LAST, FIRST, MI

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

YOUR EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT AND PHONE (someone not living with you) \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

SPOUSE/OTHER OWNER NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

OTHER LEGAL AGENTS OF YOUR ANIMALS \_\_\_\_\_

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**WHOM MAY WE THANK FOR REFERRING YOU?**

- |   |   |
|---|---|
| <input type="checkbox"/> Fayette Falcon | <input type="checkbox"/> Horse Review                 |
| <input type="checkbox"/> Website        | <input type="checkbox"/> Social Media (Facebook, etc) |
| <input type="checkbox"/> Drive-By       | <input type="checkbox"/> Yellow Pages Online          |
| <input type="checkbox"/> Welcome Letter | <input type="checkbox"/> Yellow Pages Book            |
| <input type="checkbox"/> Individual:    | _____   |

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## PAYMENT

**ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. WE WILL GLADLY PREPARE A WRITTEN TREATMENT ESTIMATE.** CASH, CHECK, OR CREDIT CARDS ARE ACCEPTED. THERE WILL BE A \$20.00 DOLLAR SERVICE CHARGE FOR ALL RETURNED CHECKS. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED DURING THE CARE OF MY PET(S)/ANIMAL(S) AND UNDERSTAND THAT VETERINARY TREATMENT DOES NOT GUARANTEE A SUCCESSFUL OUTCOME OR CURE. I AGREE THAT IF THIS ACCOUNT IS PLACED INTO THE HANDS OF AN AGENCY OR ATTORNEY FOR COLLECTION, BY SUIT OR OTHERWISE, I WILL PAY ALL COSTS OF COLLECTION, LITIGATION, AND ATTORNEY'S FEES. I ALSO UNDERSTAND THAT THERE IS A 21% ANNUAL SERVICE CHARGE ON ALL ACCOUNTS OVER 30 DAYS, WITH A 2% MINIMUM MONTHLY SERVICE CHARGE. IF MY ACCOUNT GOES OVER 90 DAYS IT WILL BE TURNED OVER TO A COLLECTION AGENCY.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES & PARASITES, ALL HOSPITALIZED AND BOARDING PETS MUST BE CURRENT ON ALL VACCINATIONS AND FREE OF INTERNAL & EXTERNAL PARASITES. I AUTHORIZE ANIMAL CARE HOSPITAL TO PROVIDE IMMUNIZATIONS AND PARASITE CONTROL AS NEEDED FOR MY PET(S).

I UNDERSTAND THAT EQUIDS AND LIVESTOCK ARE INHERENTLY DANGEROUS ANIMALS AND THAT ANIMAL CARE HOSPITAL ASSUMES NO RESPONSIBILITY FOR ACCIDENTAL ILLNESS, INJURY, OR DEATH TO ANIMALS, OWNERS/AGENTS, OR OBSERVERS, DURING, OR AS A RESULT OF, VETERINARY TREATMENT.

**THE SIGNATURE BELOW INDICATES ACKNOWLEDGEMENT & UNDERSTANDING OF THE ABOVE TERMS.**

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_ DATE \_\_\_\_\_