

West End



Animal Care Clinic

Owners Name: _____

Email* _____

**Must have in order to utilized our Online Services and Online Pharmacy with Home delivery*

Referred By: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell # _____ Work # _____ Home # _____

Pets Name: _____ Sex: M F Spayed/Neutered: Yes No Species: _____

Breed: _____ Color/Markings: _____ Date of Birth or est. age _____

Microchipped or Tattooed? _____

Vaccinations and Date: _____ Previous Vaccine Reactions? Yes No

Allergic to medications: _____

Flea/Tick and Heartworm Preventative? Yes No Product(s): _____

Reason for Visit: _____

Method of Payment: We accept Cash, bank cards, MC, Visa, Discover, and Care Credit ONLY

Please Note Our Hospital's Financial Policies:

1. Payment is due in full at conclusion of visit/service. **WE DO NOT BILL.** Credit or payment plans must be obtained by owner through their bank or lending association. We do accept Care Credit. West End Animal Care Clinic **DOES NOT EXTEND CREDIT or ARRANGE PAYMENT TERMS.** **All hospitalization and surgical procedure estimates are to be paid in advance** _____
2. I understand that failure to pay will result in full collection effort being taken and I will be responsible for all collection costs, including, but not limited to: Court Costs, Serving by private processor or sheriff, and any other fees incurred. _____

West End Animal Care Clinic offers Premium veterinary care at reasonable prices. Our failure to enforce our financial policies would most definitely result in significantly increased costs of veterinary care. We sincerely hope you understand these policies. We are enforcing these policies in order to keep your veterinary medical expenses within reasonable limits.

Statement of Acceptance:

I have read the above referenced policies. I understand them completely and hereby give notice of my intentions to fully adhere to their provisions. I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet(s).

Owner/Agent Signature

Date

Owner's Name: _____

2nd Pets Name: _____ Species: _____ Sex: M F Spayed/Neutered: Yes No

Breed: _____ Color/Markings: _____ Date of Birth or est. age _____

Microchipped or Tattooed? _____

Vaccinations and Date: _____ Previous Vaccine Reactions? Yes No

Allergic to medications: _____

Flea/Tick and Heartworm Preventative? Yes No Product(s): _____

Reason for Visit: _____

