



Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

\_\_\_\_\_  
 Your Name Spouse or Co-Owner's Name

\_\_\_\_\_  
 Street Address City State Zip Code County



\_\_\_\_\_  
 Your Employer Spouse or Co-Owner's Employer

Please provide your email below. We will send you an email when your pet is due and remind you of upcoming appointments.

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_  
 Home Phone Cell phone Work phone Co-Owner's cell Co-Owner's work phone

\_\_\_\_\_ OR \_\_\_\_\_ **(One is required)**

Social Security Number\* Driver's License number\*

\*These numbers will only be used for collection procedures in case of non-payment.

Why did you choose Fairview Hospital for Animals?  Our Website  Social Media  Sign  
 Referral (Whom may we thank \_\_\_\_\_)  Advertising (Phone Book/Internet)  Location

Pet's Name	Breed	Color	Approx Age or Birthdate
CANINE/FELINE/OTHER (circle one)	MALE/FEMALE (circle one)	NEUTER/SPAY/INTACT (circle one)	MICROCHIPPED YES or NO
Pet's name	Breed	Color	Approx Age or Birthdate
CANINE/FELINE/OTHER (circle one)	MALE/FEMALE (circle one)	NEUTER/SPAY/INTACT (circle one)	MICROCHIPPED YES or NO

Office Use only Client Account # \_\_\_\_\_

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## Financial Policy

Thank you for choosing Fairview Hospital for Animals. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. **Fairview Hospital for Animals requires payment in full at the end of your pet's examination and/or at the time of discharge.**

### **Payment Options:**

You can choose from:

- Cash, Check, Debit Card, Visa®, MasterCard®, American Express® or Discover Card®
- Convenient Monthly Payment Plans<sup>1</sup> from CareCredit® that
  - o Allow you to begin treatment today and pay over time
  - o Available for treatment amounts over \$300 for 1 day of service

If at any time you are unable to pay for services rendered you will be responsible for the interest accrued including a \$3.00 service charge monthly (and 1.5% interest charged to the balance monthly). Breach of this contract may result in legal action against you, as Fairview Hospital for Animals deems necessary. If you have an account past due, Fairview Hospital for Animals may relinquish your balance owed to a collection agency. A fee equaling 50% of the owed balance will be added to the current balance to cover collection and/or court costs and attorney fees. By signing below, you agree to these terms as explained.

### **Additional Policy Information:**

Fairview Hospital for Animals charges \$25-40 for returned checks. Any returned checks must be paid within 10 days of being returned or they will be submitted to the Macon County State's Attorney's Bad Check Restitution Program for collection.

For clients with pet insurance, we are happy to provide you with the necessary documentation for you to submit a claim to your insurance carrier.

### **Photo Release:**

I permit Fairview Hospital for Animals to record, own, publish and republish photos of my pet for educational, marketing and publicity purposes through any media. I acknowledge that the pictures taken of my pet become sole and exclusive property of Fairview Hospital for Animals. And I release Fairview Hospital for Animals from any and all claims that might arise from the use of these images. I understand that my name will not be associated with any pictures used.

By signing below you agree to foregoing terms of financial policy and agree to the above stated photo release

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Client/Owner Signature

Date

<sup>1</sup>Subject to credit approval