**AFFORDABLE PET CARE**

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

We would like to know how you found us!

\_\_\_\_FRIEND/FAMILY REFERRAL: Please tell us their name so we can thank them.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_OTHER: APL, Humane Society, Another Clinic/Veterinarian#9974:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Saw Sign Driving by#9975 \_\_\_\_\_Internet#9982

\_\_\_\_\_Yellow Pages#9977 \_\_\_\_\_Previously a Client#9972

\_\_\_\_\_Brochure Mailing#9978 \_\_\_\_\_Parade#9969

\_\_\_\_\_Other Mailing#9976 \_\_\_\_\_DOGGIE-DOO#9970

\_\_\_\_\_Print Ad in Newspaper#9979 \_\_\_\_\_Community Even#9968

\_\_\_\_\_Coupon From Newspaper #9980 \_\_\_\_\_Heard About Prices#9966

\_\_\_\_\_Business Card#9973 \_\_\_\_\_Non-Client Referred#9971

\_\_\_\_\_ referral info entered in Cornerstone by staff member

Account **#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Owner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(first name we should call you by) (middle initial) (last name)

Secondary Name on Account:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(must be 18 yrs of age/first and last name/relationship to you)

Home Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt #\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Or Cellular\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(include name of person if cell phone)

Phone number:(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Or Cellular\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(include name of person if cell phone)

E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For your convenience, we offer the following methods of payment. Please check the option you prefer.

**Payment is due in full at each appointment.**

\_\_\_\_Cash \_\_\_\_VISA/Master Card/Discover **(we run all Debit Cards as Credit)**

\_\_\_\_Care Credit \_\_\_\_Personal Check\*

**\*If** **paying by Check**, **either your Social Security Number or Driver's License Number are Required**.

used for collection purposes only and are confidential.

Social Security#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/please include name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver's License#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/please include name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If we cannot reach you, whom may we contact in case of an emergency:** (someone not already listed above)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home or Cellular

**New Pet Information**

FOR THE PET(S) YOU HAVE BROUGHT IN TODAY, PLEASE LIST:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog or Cat Dog or Cat

Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male Female Neutered Male Spayed Female Male Female Neutered Male Spayed Female

Approximate Age or Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approximate Age or Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE TALK W/ YOUR TECH CONCERNING PREVIOUS VACCINE HISTORY.**

\_\_\_\_\_\_\_\_\_\_ information entered in Cornerstone by staff member

**Do you have a Care Credit Payment Plan? YES NO**

Care Credit applications are available. Please let us know if you are interested.

**Authorization of Service Agreement**

I am the owner, or agent of the owner, of the animals described above and in this medical chart. I assume responsibility for all charges incurred in the care of the animal(s). I understand that a health care treatment plan with estimated fees can be generated for the various options of care recommended by the Doctor, and that I can request this treatment plan at any time. By putting my **initials on the lines below** I have read and understand the Affordable Pet Care Payment Policy and Health Records Release statements.

**Please Initial:**

\_\_\_\_\_\_\_\_\_ I also understand that the APC payment policy is **payment is due upon the completion of**   **my pet's visit** and all charges must be paid in full at the time of release of my pet. In emergency situations, a deposit will be required. APC accepts: CASH, CHECKS, VISA, MASTERCARD, DISCOVER, CARE CREDIT and Veterinary Pet Insurance (VPI).

\_\_\_\_\_\_\_\_\_ I give consent for APC to release my pet's health records to third party entities (such as boarding kennels, grooming facilities, veterinary referral specialists, and pet hospitals) at my request, or at the request of such facilities where I am seeking services for my pet.

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information on this form is strictly confidential and is to be used only by this practice to provide care and treatment for your pet.