



bayonet
point
animal
clinic

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

Owner's Name and
Address

Last First M.I. Home Phone

Street City Zip County

Employer Work Phone Cell Phone

Spouse/Significant
Other

Last First M.I. Cell Phone

E-Mail Address: _____

How did you become aware of our clinic? Yellow Pages Clinic Sign Other _____

Internet/Website Personal Recommendation Name: _____

Patient Information

Pet Name	Species	Breed	Color and Markings	Date of Birth	Sex	Altered Y/N	Last Exam/ Vaccinations

Services Agreement

It is our policy that payment in full is due when services are rendered. We will provide you with a written estimate of the fees for in-hospital treatment, emergency care, surgery, and/or hospitalization. A deposit of 80% will be required prior to admission/treatment and the balance paid prior to release of the patient.

Would you like a written estimate after the initial exam today? YES NO

Method of payment today: Cash Check Charge (Visa/Mastercard/Discover/American Express)

Driver's License: _____ State: _____ Date of Birth: _____

Expiration Date: _____ verified: _____

My signature below indicates that I understand and agree to the payment terms outlined above and will pay today for all services rendered.

Signature

Date