

NEW PATIENT PAPERWORK

(We Hope To Provide The Best Care For Your Pet. All Information Is Required. Please Print Legibly).

SECTION I: OWNER/RESPONSIBLE PARTY

Your Name (& Spouse if applicable): _____

Mailing Address (w/ City, State, Zip): _____

We prefer at least two number to contact you at. Write those which you authorize us to call. Please include what they are (Home, Cell, Work ...etc). Thank you.

Phone #1: () _____ . Phone #2: () _____

Email (for reminders): _____

How did you hear about us? _____

SECTION II: FINANCIAL POLICY

(This Information IS REQUIRED. Please Read Carefully. Ask If You Have Questions):

FULL PAYMENT is required at time of service. **We accept cash, personal checks, Visa, Mastercard, Discover Card, Debit Cards and Care Credit.** A deposit minimum of 50% of an estimate for all major surgery/hospitalization at admittance.

After hour, emergency cases require a minimum \$300.00 deposit, prior to intensive therapy.

- Care Credit allows you to make monthly payments to their special credit-card company. An application must be approved by the bank prior to your pet's discharge. No application fee, no down payment required. Interest free-options are available. A 10% surcharge will be applied to each Care Credit transaction with us, at the Animal Clinic of Kalispell, for processing fees.

I request that the Animal Clinic of Kalispell staff perform the necessary exam & medical treatment on my pet. I am the owner/responsible party for the animal described in section III and have the authority to execute this consent. I am at least 18 years of age. I understand a written estimate will be provided at my request. I accept financial responsibility for all charges incurred by my pet for services rendered. I understand that FULL PAYMENT is required for my pet to be discharged.

I prefer to pay by: ___ Cash ___ Check ___ Credit/Debit ___ Care Credit Card (10% surcharge)

YOU MUST PROVIDE AT LEAST ONE FORM OF FINANCIAL IDENTIFICATION:

Driver's License (State & #): _____ Social Security #: _____

Signature of Responsible Party: _____

Today's Date: _____

SECTION III: PET INFORMATION

	 PET #1	 PET #2	 PET #3
PET'S NAME			
SPECIES <i>(dog, cat or list other)</i>			
GENDER	Female or Male Spayed or Neutered	Female or Male Spayed or Neutered	Female or Male Spayed or Neutered
BREED			
COLOR			
DATE OF BIRTH			

Previous illness or surgeries *(please list dates)*: _____

Allergies to vaccinations/medicines: _____

Special diet & current medications: _____

Other notes: _____

We look forward to providing the best medical care for your pet. *Thank you.*
We welcome any feedback on how we might improve our services.