

## WELCOME - VCA CHATOAK ANIMAL HOSPITAL

Thank you for giving us the opportunity to care for your pet. We look forward to providing you with quality, compassionate, veterinary care.

### OWNER'S INFORMATION

Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

First Name Last Name

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

Primary Phone Number #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

**Owner Birth Date:** \_\_\_\_\_

*(Required by Federal Law in order to dispense Controlled Medications)*

Email Address: \_\_\_\_\_ **This is for vaccination reminders, important health alerts and access to your own private pet health website. We will not share your email address with any other business.**

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
(Required for payments made by credit card, Care Credit or check)

**Do you have a regular veterinarian you would like us to send your records to? If so, please list clinic name below:**

Hospital/Doctor's Name: \_\_\_\_\_

### PET(S) INFORMATION

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex (Female/Male): \_\_\_\_\_ Please circle one: Spayed/Neutered/Intact

Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex (Female/Male): \_\_\_\_\_ Please circle one: Spayed/Neutered/Intact

Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

### PAYMENT POLICY

I agree to pay in full all fees due at the time services are rendered. We accept cash, checks and all major credit cards. You may also choose to apply for Care Credit (a veterinary service credit card), an application can be provided to you upon your request. WE CANNOT ACCEPT NON-IMPRINTED CHECKS, TEMPORARY CHECKS, CHECKS WITH A P.O. BOX ADDRESS, OR BUSINESS/DBA CHECKS. If any account becomes delinquent, you may be held responsible for reasonable attorney fees, court costs, collection costs, billing fees, and interest at 1.5% per month. Your signature below indicates acceptance of financial responsibility for any and all services rendered.

**SIGNATURE OF PERSON RESPONSIBLE FOR PET(S)** \_\_\_\_\_