

Rescue Organization Form

Name of Rescue: _____

Rescue Contact Name: _____

Primary Contact Number: _____ Secondary Contact Number: _____

E-mail Address: _____ Fax Number: _____

Billing Address: _____
(Street)

(City) (State) (Zip Code)

Animal Information

ANIMAL #1

Name: _____ Birthday or Age: _____ Sex: _____

Spayed or Neutered: YES NO Species: _____ Breed: _____

Color: _____ Markings: _____ Microchipped: YES NO

ANIMAL #2

Name: _____ Birthday or Age: _____ Sex: _____

Spayed or Neutered: YES NO Species: _____ Breed: _____

Color: _____ Markings: _____ Microchipped: YES NO

ANIMAL #3

Name: _____ Birthday or Age: _____ Sex: _____

Spayed or Neutered: YES NO Species: _____ Breed: _____

Color: _____ Markings: _____ Microchipped: YES NO

If you have additional animals, please let the receptionist know for an additional form.

FINANCIAL POLICY

ALL SERVICES AND PRODUCTS ARE EXPECTED TO BE PAID IN FULL AT TIME OF SERVICE. WE DO NOT ACCEPT PAYMENT PLANS. PAYMENT OPTIONS INCLUDE CASH, PERSONAL CHECK, CARE CREDIT, MASTERCARD, VISA, AMERICAN EXPRESS, AND DISCOVER. I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE POLICY.

Signature: _____

Date: _____