

Admission Form

Owner Information

owner's name				spouse's name		
home address				l		
city		state		zip	home phone	
business phone 1	business phone 2 mo		mobile phor	ne 1	mobile phone 2	
pager	fax		pharmacy name		pharmacy phone	
driver's license number		social security number				

Payment Policy

The Animal Diagnostic Clinic requires payment in full at the time of discharge. Although we do not provide payment plans, we do offer our clients a 90 day same-as-cash credit application through Wells Fargo. (Please be aware in cases that require hospital stay, a deposit will be required.) The Animal Diagnostic Clinic does accept Visa, Mastercard, American Express and Discover, as well as personal checks. A valid driver's license is required.

I assume the responsibility for all charges incurred from the treatment of my pet. This information is accurate and true to the best of my knowledge. I understand that I am responsible to pay for services rendered, including reasonable attorney's fees and costs of collection in the event of default. If payment becomes thirty days past due, finance charges at an APR of 18% and a \$3 per month billing fee will be added.

owner's signature	date

Pet Information

pet's name	breed		
color	age		
list any pet allergies	referring veterinarian		
place a check next to the information below that applies to your pet male neutered spayed			
my pet is current on vaccinations	my pet is not current on vaccinations		
yes, my pet has undergone a heartworm check	no, my pet has not undergone a heartworm check		
yes, my pet is taking heartworm prevention	no, my pet is not taking heartworm prevention		