

HADLOCK VETERINARY CLINIC

Name: _____ Home Phone: _____
Spouse/ Other: _____ Cell Phone: _____
Mailing Address: _____ Spouse/ Other Cell Phone: _____
City: _____ State: _____ Zip: _____ Driver's License _____
E-mail: _____ Spouse/ Other Driver's License _____
Employer: _____ Social Security Number: _____
Spouse/ Other Employer: _____ Work# _____

How would you prefer to receive reminders? e-mail postal mail (May we call you at work? Yes/No)

How did you find out about our clinic? _____

Please Read:

In order to control the cost of billing, we ask that the bill for services is paid at the time services are rendered unless other arrangements are made in advance. We would rather control billing costs than be forced to raise our fees. The undersigned agrees to be ultimately responsible for any bill incurred in this office. Accounts 30 days old will incur interest and finance charges at the rate of 12% per annum. Accounts 90 days old are subject to collection fees. There will be a service charge of \$50.00 on all returned checks.

By signing below I authorize the doctor to administer treatment as agreed upon.

Signature

Date

Pet Name _____ Species: Canine/Feline/Other (Specify: _____)

Breed: _____ Color: _____ Pet's Birth date/Age: _____

Sex: Male/Neutered Male/ Female/Spayed Female Permanent ID# _____

Pet Name _____ Species: Canine/Feline/Other (Specify: _____)

Breed: _____ Color: _____ Pet's Birth date/Age: _____

Sex: Male/Neutered Male/ Female/Spayed Female Permanent ID# _____

Pet Name _____ Species: Canine/Feline/Other (Specify: _____)

Breed: _____ Color: _____ Pet's Birth date/Age: _____

Sex: Male/Neutered Male/ Female/Spayed Female Permanent ID# _____

Pet Name _____ Species: Canine/Feline/Other (Specify: _____)

Breed: _____ Color: _____ Pet's Birth date/Age: _____

Sex: Male/Neutered Male/ Female/Spayed Female Permanent ID# _____

Pet Name _____ Species: Canine/Feline/Other (Specify: _____)

Breed: _____ Color: _____ Pet's Birth date/Age: _____

Sex: Male/Neutered Male/ Female/Spayed Female Permanent ID# _____