

Escatawpa Animal Clinic

Date: _____

Thank you for giving us the opportunity to care for your pets. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pets needs today and in the future.

Owner's Name _____ Spouse/
Other: _____

Physical Address:

Mailing Address(if
different): _____

City: _____ State: _____ Zip:

Primary Phone: _____ Cell
Phone: _____

Work Phone: _____ Spouse
Phone: _____

Email: _____

Place of Employment:

Spouse's Place of
Employment: _____

Driver's License Number: _____ OR Social Security
Number: _____

Date of Birth: _____

Who can we thank for referring you?

Pet's Information

Pet's Name Cat/Dog/Horse/other Approx. Age Color Breed Sex Spayed/
Neutered?

1: _____

2: _____

3

4:

Do we have your permission to publish photos/videos of your pet on social media (ex: FaceBook) ? Yes / No

Escatawpa Animal Clinic, PLLC

Financial Policy

Thank you for choosing Escatawpa Animal Clinic. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. We accept the following

- Cash, Check, Visa, MasterCard, American Express, or Discover Card
- Care Credit Healthcare Credit Card.
 - * Allow you to begin treatment today and pay over time (monthly payments)
 - * Available for any treatment amount
 - * Can be used repeatedly - for you entire family - without having to reapply

You are encouraged to discuss charges before services are rendered. We are happy to provide an estimate of care. We are here to provide the best veterinary care available for your pet.

We do not maintain card information on file for security purposes, but we are able to process transactions via phone if necessary.

For some treatments or hospitalized care, a deposit will be required. Healthcare plans requiring comprehensive care of more than \$200 will require a 50% deposit to begin your pet's treatment.

Escatawpa Animal Clinic requires payment in full at the time of service or when the pet is discharged from the clinic.

Additional Policy Information:

Escatawpa Animal Clinic charges \$46.00 for returned checks. If checks are not paid in full within 5 business days, the remaining balance will be sent to the District Attorney's office.

Any account with an unpaid balance will be turned over to a collection agency; this turn over may reflect upon your personal credit.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date