



Main Street
Animal Clinic

Main Street Animal Clinic

Client/Patient Information

Thank you for giving us the opportunity to care for your pets. Please help us better meet your needs by taking a few moments to complete this information sheet.

Owners Name: _____ Spouse: _____
Address: _____ City: _____ Zip: _____
Main Phone: _____ Spouse Cell: _____ Work Phone: _____
Email Address: _____

Employer Name & Phone number: _____

Pet Information

Name	Species/Breed	Color	Sex (spayed or neutered?)	DOB/Age
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

TO HELP US PREVENT THE SPREAD OF INFECTIOUS DISEASES, HOSPITALIZED & BOARDING ANIMALS MUST BE CURRENT ON VACCINATIONS.

I understand that every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize the doctors & staff of this veterinary clinic to receive, prescribe for, treat medically or perform surgery upon the pet(s) listed above and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. Past due invoices (over 30 days) are subject to a finance charge of 1.5% per month, annual percentage rate of 18% which is allowed by law. I agree to pay all costs of collection, including reasonable attorney's fee, in the event that collection efforts become necessary. I understand that a service fee of \$30.00 will be assessed for each non-sufficient fund check and /or certified letter that must be sent. If I neglect to pick up my pet within 5 days of the discharge date and do not notify Main Street Animal Clinic within that time period, you will assume that pet is abandoned. The pet becomes property of Main Street Animal Clinic, all rights of ownership by me are abandoned by the previous owner, and the pet may be disposed of as deemed best and/or necessary by the doctor representing Main Street Animal Clinic.

Signature: _____ Date: _____