

CLIENT INFORMATION

NAME: _____ SPOUSE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PREFERRED CONTACT NUMBER: _____ SPOUSE NUMBER: _____

PREFERRED METHOD OF CONTACT: EMAIL / PHONE (Circle One) OTHER NUMBER: _____

EMAIL: _____ @ _____ .COM OCCUPATION: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE: _____ EXP. DATE: _____

REFERRED BY: _____

PET INFORMATION

NO	NAME	SPECIES	BREED	COLOR	DOB OR AGE	SEX	SPAYED OR NEUTERED
1							
2							
3							
4							
5							

PREVIOUS VETERINARIAN: _____

PROFESSIONAL SERVICES ARE TO BE PAID AT THE TIME THEY ARE RENDERED.

CUSTOMER AGREES TO PAY A FINANCE CHARGE OF ONE AND ONE-HALF PERCENT (1 ½%) PER MONTH ON ALL AMOUNTS DUE AND OWING. IN THE EVENT THAT THIS ACCOUNT SHOULD BECOME PAST DUE, YOU WILL BE SUBJECT TO COST OF COLLECTION, INCLUDING ATTORNEY'S FEES AND/OR COLLECTION AGENCY FEES.

PLEASE CIRCLE YOUR PREFERRED METHOD OF PAYMENT

- 1. CASH
- 2. CARE CREDIT
- 3. VISA
- 4. MASTERCARD
- 5. DISCOVER
- 6. AMERICAN EXPRESS

CONSENT FOR HOSPITALIZATION/ BOARDING WITH NO ATTENDANT

This document is being created to assure compliance with Nevada LCB File No. R072-09 Sec.2 which states, "A person who operates a veterinary facility where animals are being kept during the hours that the veterinary facility is not regularly open to the public shall notify, in writing, an owner of his designee if the animal is left unattended."

I have read and understand the above statement and affix my signature below as evidence thereof:

SIGNATURE: _____

RECEPTION INITIALS: _____