



Animal & Exotic
WELLNESS CENTER

Primary Owner:

All owners listed must be 18 years of age or older.

Last Name:		First Name:	
Primary Contact Number: <i>This number will be the one we use to contact you about your pet.</i>		Is this a: Cell: <input type="checkbox"/> Landline: <input type="checkbox"/>	
Street Address:		City:	Zip:
Work Number:		Employer:	
Email Address: _____@_____			

We email reminders for your pet. We no longer mail out reminders. If you do not provide an email address, you will be called with regards to these reminders.

Driver's License Number:

Why do we ask this: we use your driver's license number to authenticate your identity in cases where someone may bring in your animal, but not be the actual owner. If we ever have a doubt as to someone's identity when it comes to your animal, we have a way to check it.

Spouse/Secondary Owner:

All owners listed must be 18 years of age or older.

Last Name:		First Name:	
Relationship to Primary Owner: <i>If you list a secondary owner, you are allowing that person to make medical decisions regarding your pet.</i> Spouse: <input type="checkbox"/> Significant Other: <input type="checkbox"/> Relative: <input type="checkbox"/> Friend: <input type="checkbox"/> Other: <input type="checkbox"/> _____			
Contact Number:		Is this a: Cell: <input type="checkbox"/> Landline: <input type="checkbox"/>	
How did you hear about us? (whom can we thank?) Paper Ad: <input type="checkbox"/> Another Clinic: <input type="checkbox"/> _____ Drove by: <input type="checkbox"/> Word of Mouth: <input type="checkbox"/> Internet/Website: <input type="checkbox"/> Humane Society: <input type="checkbox"/> Chuck & Don's: <input type="checkbox"/> Chamber of Commerce: <input type="checkbox"/> Personal Recommendation: <input type="checkbox"/> _____ <i>We send a \$10 off coupon to an existing client who offers a recommendation.</i>			

Payment Policy

(Please Read and sign)

Payment must be made in full for all services at the time services are provided or before the animal is released from the hospital. Payment options accepted include cash, check (with ID), Visa, MasterCard, Discover, and American Express. A written estimate may be requested by the client prior to any services being provided. Giving consent for a service to be provided constitutes an agreement to pay for that service before the pet is released from the hospital. There will be a charge of \$25.00 for any returned check. **This clinic is not a lending institution and does not provide billing!** By signing this form I indicate that I have read, understand and agree to these terms.

Signature: _____ Date: _____