

# ALL WEST VETERINARY HOSPITAL

## Owner Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Spouse/other phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email address: \_\_\_\_\_ Driver's License: St \_\_\_\_\_ # \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthdate (Spouse) \_\_\_\_\_

Place of employment \_\_\_\_\_ Phone \_\_\_\_\_

Place of employment (Spouse) \_\_\_\_\_ Phone \_\_\_\_\_

Where is the best place to reach you and at what time? \_\_\_\_\_

How would you prefer to be alerted your pet is due for vaccine? **Postcard Email**

How would you prefer to be reminded of an upcoming appointment? **Phone call Text**

Would you be willing to complete an emailed survey about your visit today? **YES NO**

### OUR POLICY OF CARE AND PAYMENT

Ensuring that our patients receive high quality care is a goal of our practice.

- **PAYMENT IN FULL IS DUE AT THE TIME OF SERVICE.**
- We accept cash, checks, and all major credit cards. We do not accept out of state checks.
- We have a payment plan called Care Credit that allows you to start treatment and spread payments over time, if you qualify.
- A deposit of 30– 50% will be required for all major surgeries and/or hospitalization, to be paid at the time patient is admitted. The balance must be paid at the time your pet is discharged.
- Emergency cases require a minimum deposit of \$150.00 before we can begin extensive medical procedures. (Emergency first-aid may be initiated immediately without a deposit, if necessary to minimize acute pain or save a patient's life.)
- It is our policy to provide, at your request, a written estimate of fees for any care when hospital treatments, emergency care, surgery, or hospitalization are needed.
- A \$7.50 per month **BILLING CHARGE** will be added to all open accounts each month, after the first month, to cover the cost of billing procedures and postage.

*To prevent the spread of infectious disease and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites. I authorize All West Veterinary Hospital to provide an examination, vaccines and parasite control as needed for my pet(s) when hospitalized or boarded.*

**I have read this agreement and understand this agreement. I am entitled to a copy of this agreement at the time that I execute said agreement and I hereby acknowledge receipt of a copy of this form.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature