

# Avenues Pet Clinic

## RESPONSIBLE PARTY INFORMATION:

Primary Care Giver: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Secondary Care Giver: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_

## PATIENT(S) INFORMATION:

Name of Pet: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth (if known): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed or Neutered: \_\_\_\_\_

Does your pet have a microchip? \_\_\_\_\_ What kind of food do you feed your pet? \_\_\_\_\_

Please list any prior health problems \_\_\_\_\_

Name of Pet: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth (if known): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed or Neutered: \_\_\_\_\_

Does your pet have a microchip? \_\_\_\_\_ What kind of food do you feed your pet? \_\_\_\_\_

Please list any prior health problems \_\_\_\_\_

The undersigned agrees, whether he or she signs as agent or owner, to authorize the veterinarian to examine, prescribe for, or treat the above listed pet(s). He or she further agrees that in consideration of the services to be rendered to the patient, he or she hereby individually obligates himself or herself to pay the account of the hospital in full at the time services are rendered. Should the account be referred to an attorney or collection agency for collection, the undersigned agrees to pay collection fees of 40% of the balance owed plus reasonable attorney's fees and court costs. All delinquent accounts shall accrue interest at the rate of 1.5% per month (18% APY). It is agreed that the signer of this document waives any right as to, shortage, account discrepancies, representation, or claims as to conflicts in the amount due and owing on the billing invoices unless written notice is filed within 15 days after receipt of the invoice or the services rendered to the undersigned.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Preferred method of payment: Cash, American Express, Discover, Master Card, VISA

***Thank you for allowing us the opportunity to serve you and care for your pet.***