

# W E L C O M E

## T O O U R P R A C T I C E



### CLIENT INFORMATION

Today's Date \_\_\_\_\_

Owner of Pet (Financially responsible) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**\*\*Please circle the primary phone number you would like to be contacted on\*\***

E-mail address \_\_\_\_\_

How would you prefer to receive your yearly reminders? E-mail \_\_\_\_\_ Standard Mail \_\_\_\_\_

Place of Employment \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How did you hear about AMC? (Circle one) Friend: Name and Address: \_\_\_\_\_  
Yellow Pages Driving By Other? \_\_\_\_\_

### PET INFORMATION

**Pet's Name** \_\_\_\_\_ **Pet's Date of Birth** \_\_\_\_\_

Breed \_\_\_\_\_ Color of Pet \_\_\_\_\_

Sex of Pet: (check one) Female \_\_\_\_\_ Spayed? \_\_\_\_\_ Male \_\_\_\_\_ Neutered? \_\_\_\_\_

**IS YOUR PET ON ANY SPECIAL MEDICATION?** \_\_\_\_\_

**IF YES, WHAT?** \_\_\_\_\_

**IS YOUR PET ALLERGIC TO ANY MEDICATIONS/VACCINATIONS?** \_\_\_\_\_

**IF YES, WHAT?** \_\_\_\_\_

**Pet's Name** \_\_\_\_\_ **Pet's Date of Birth** \_\_\_\_\_

Breed \_\_\_\_\_ Color of Pet \_\_\_\_\_

Sex of Pet: (check one) Female \_\_\_\_\_ Spayed? \_\_\_\_\_ Male \_\_\_\_\_ Neutered? \_\_\_\_\_

**IS YOUR PET ON ANY SPECIAL MEDICATION?** \_\_\_\_\_

**IF YES, WHAT?** \_\_\_\_\_

**IS YOUR PET ALLERGIC TO ANY MEDICATIONS/VACCINATIONS?** \_\_\_\_\_

**IF YES, WHAT?** \_\_\_\_\_

### IN CASE OF EMERGENCY

If you and your spouse are unavailable, whom else may we contact regarding your pet's medical treatment?

\_\_\_\_\_  
Name (Relative or friend) Home Phone Work Phone Cell Phone



ANIMAL MEDICAL CENTER OF MT. PLEASANT  
**PATIENT FINANCIAL POLICY**

**\*\*Personal information disclaimer**

We at the Animal Medical Center of Mount Pleasant strive to go above and beyond our means to accommodate & meet the needs of our clients. It is always our intention to provide the best animal care for your pet(s).

**PAYMENT POLICY: Payment is due when services are rendered.** For your convenience in paying, our office accepts cash, **IN-STATE** checks, or credit cards (Visa, MasterCard). **Our office does not provide payment plans or include billing.**

**\*\*Please indicate how you will be paying today by circling one of the above options\*\***

**THERE IS A \$25 NSF FEE ON ALL RETURNED CHECKS**

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

If at any time you are concerned about the cost of a procedure or service proposed by the doctor, you may ask for someone from the business office who will be happy to discuss the cost with you prior to having the procedure or service performed.

\_\_\_\_\_ Please initial.

***IN CASE OF AN EMERGENCY***

Our doctors and staff strive to provide the best care possible for your pet. However, medical emergencies do sometimes occur, despite excellent care – Even with completely healthy pets!

Should an emergency occur, and we are unable to reach you or your emergency contact person, it would be helpful to know your wishes regarding necessary treatments for your pet. Emergencies can be costly due to extensive treatments and medications. Please understand that most medical emergencies will involve fees in excess of \$200.

**PLEASE INITIAL ONE OF THE FOLLOWING OPTIONS AUTHORIZING THERAPY IN CASE OF AN EMERGENCY**

**Basic stabilization only -  
(until you are able to be contacted to discuss treatment options) \_\_\_\_\_**

**Any amount of treatment necessary for treatment \_\_\_\_\_**

By signing below I understand that I am responsible for charges incurred for animal medical services and that payment of the entire balance is due upon release of the pet. If for any reason my method of payment is declined, (check returned NSF, credit card charges denied, etc.), I understand that I am responsible for any applicable fees, charges, and collection expense incurred by the Animal Medical Center of Mount Pleasant

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Today's date)