

Big Creek Animal Hospital P.C.

Drs. Mize, Kraft, McFarland, Gardin, Estes, Jackson, Pollard

Client Information:

Last Name:	First:	Spouse:
Address:		
City:	Zip Code:	SSN or DL#:
Home Phone:	Cell:	Work:
Email:	Referred By:	

Patient Information:

Name:	Cat Dog	Breed:
Color:	Male Female	Spayed Neutered
Age:	Previous Vet:	
Medical Conditions/Allergies:		

Patient Information (additional pets):

Name:	Cat Dog	Breed:
Color:	Male Female	Spayed Neutered
Age:	Previous Vet:	
Medical Conditions/Allergies:		

Social Media Release:

I grant to Big Creek Animal Hospital (BCAH) and its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that Big Creek Animal Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

<input type="checkbox"/> BCAH may take photos of me and/or my pet	<input type="checkbox"/> BCAH may NOT take photos of me and/or my pet
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Payment Information:

How will you pay today: CASH / VISA / MASTERCARD / DISCOVER / CHECK / CARE CREDIT / AMEX

CC#:	Exp Date: /
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Read and Sign Below:

I understand that if my pet needs to be seen by a doctor, I will be charged an exam fee. I understand all services are to be paid at the time services are rendered. I also understand that BCAH does not offer payment plans. There is a \$35 service charge on all returned checks. A \$10 fee will be added monthly to each account with an outstanding balance. All unresolved accounts will be sent to collections after 90 days and will incur a minimum charge of 33.3% in additional fees. I also will be held responsible for all collection fees incurred, including court cost, attorney fees and any additional costs BCAH has to cover.

Print Name: _____ Date _____

Signature: _____