

Animal Surgery Center at ParklandSM

ASC NEW CLIENT FORM

Date _____

Welcome! Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Thank you!

Owner's Name: _____ Zip Code _____
Address _____ Apt # _____ City/St _____
Cell Phone# _____ E-Mail Address: _____ Home Phone# _____

Pet's Name: _____ Species: Dog Cat Color _____
Breed _____ Sex _____ Spayed/Neutered Yes No Birth Date/Age _____

Current Medications: _____

Any long term problems: _____

How did you hear about us?

Primary Care Veterinarian Referral? Name of hospital and veterinarian: _____
 Website Google Search/Maps Postcard/Mailer/ Magazine Other (please specify) _____
 Referral (friend/family/employee) Were you referred by one of our clients? We'd like to thank them.
Name of referring client _____

Client Agreement to Terms and Policies in Care of Patient(s):

 Please read carefully before signing.

I give **Animal Surgery Center at ParklandSM** permission to release any pertinent information about my pet to other veterinary health care providers or those people whom I have entrusted with the care of my pet.

I understand that payment is expected for all services at the time they are performed.

For your convenience we accept all major credit cards (signed), debit cards, cash, Care Credit, and preapproved pet insurance. We do not do billing plans due to the high cost of managing such plans and so that the cost is NOT passed on to our customers. Payment is due when services are rendered. In some cases, a deposit may be necessary. Clients are encouraged to discuss estimates before services are rendered. Please note that we offer cost savings through our Wellness Packages and we encourage clients to take advantage of these plans.

A photo ID (such as driver's license) is required for drop-off or pickup of all animal patients.

I, the undersigned, assume financial responsibility as stated above, I have read, understand, and agree to the terms.

Driver's License # _____ State Issued _____
Name _____ Signature _____ Signed Date ____/____/____